or remayal.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03910 Rea. Dist. No.

7	PLACE OF DEATH	11 0001 00	MARYLAND	2. USUAL RESIDENCE (V		ed lived. If institu	Υ		
	b. CITY OR TOWN III outsid	ICOMICO le corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	I and	orate limits, write		give nearest	
	Salisbur	Δ.		12 Salis	עמנול!			•	•
		OR INSTITUTION (If not in he	ospital, give street address)	, d. STREET ADDRESS					RESIDENCE
	Peninsula	Gemeral Ho	spital	60	DI B B	lose St.			NO D
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE	Mont	h	Doy	Year
	(Type or print)	Research tea		Alford	DEATH	3-16-	-60		19
5.	SEX 6.	COLOR OR RACE 7. MARR	IED A NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years loss birthday)			NDER 24 HRS.
	R	C WIDOWI	ED DIVORCED	May 15 193	0	29уп.	Months D	Days Haur	a Min.
10c	USUAL OCCUPATION (Couring most of working life	Give kind of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
	The	omestic		Flori	da		U.	S.A.	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME				
		Unknown		Cleo	Mumfo	rd			
	WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17. IN	FORMANT		Address	*****		
	No		63-44-2149						
	18. CAUSE OF DEATH	Enter only one cause per line	for (o), (b), and (c).					INTERVAL BE	TWEEN
1	PART I, DEATH W	AS CAUSED BY: EDIATE CAUSE (a)	Broncho pneumo	nia				hour	
	491X	DUE TO							
	Conditions, if any,	\							
	gave rise to immediate (a), stating the under	COUSE							
	couse lost.	(c)							
Z	PART II. OTHER S		ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE	CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY
ATK		Chronic Alco						PER	FORMED?
CERTIFICATION	200. EXTERNAL CAUSE V PRIMARY OF CONTRIB CAUSE OF DEATH.	VAS 20b DESCRI	BE HOW INJURY OCCURRED. (E	nter nature of injury in Por	t I or Port II :	of item 18.)			
	CAUSE OF DEATH.	1							
MEDICAL	20c. TIME OF INJURY		- Louis	E OF INJURY (Home, form		or town)	(Cour	ity)	(Stote)
MEE	Hour a. m.	19 Of w	erk at work	. ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"				
	21. I certify that	tack charge of the	remains described above	re, held an Autaps	y K., In	spection [Inquiry	A and	d find that
	death resulted fra	m: Natural causes	X, Accident [], Suic	ide , Homicide	D. Un	determined o	ause .		
		£ 0, 0			_		_		
	ACTUAL SIGNATURE	and k	~	M.D. CHIEF MEDICAL EX	XAMINER -			DAT	E SIGNED
				ASSISTANT MEDIC	AL EXAMINER				
	EXAMINER'S NAME (Type)	Earl L. Roy	er. M.D.	DEPUTY MEDICAL	EXAMINER T)	3-2	1-60	
220	BURIAL, CREMATION,		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(5)	loie)
	Burial (Specify)	3/26/1960	Lake Wales	5	Lal	ce Wale	S	Flor	rida
23.	FUNERAL DIRECTOR'S SIG	SNATURE	ADDRESS		D BY REGISTI		STRAR'S SIGN		
11	O town	Extillet	Xalia land	DATE M	AR 23'5	0 6	ling S.	HILLANA	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 3972

()	S	3	1	1

1.	PLACE OF DEATH			2. USUA	L RESIDE	NCE (HO	ME) OF D	ECEASI	ED	
_	COUNTY Wicomico	MARYLA		STATE	Mary	land		Car		
	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	(in this pla	ice)	OR TOWN			WING KUKAL	aug give or	emen iowii,	5V
-	HOSPITAL OR	since	4/15/5	STREET	Dente	on	(If cural gi	ive location)	10 1
1	INSTITUTION OR	Odedde Treedd	4 - 1	ADDRES						
3.	NAME OF (First)	(Middle)		(Lasi)	306 3	4. [Lin St		(Dey)	(Yeu
	(Type or Print) A RTHIR PI	TE ATTACK	NAT.				DEATH)	lamah	1 8	19 (
5.	. SEX 6. COLOR OR 7. SINGLE	JE ATKINSO	8. DATE OF	BIRTH		9. AGE le		larch IF UND	15 ER I YEAR	IF UNDER
	RACE WIDOY (Specifi	Married	Maram	ber 8.	1802	6'	7 yrs.	Months	Days	Hours
10	De. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS	11	BIRTHPLAC	E (State or for		3	1	12. CITIZE	N OF WHA
	done during most of working life, even if retired) Salesman	OR INDUSTRY		Maryl	and				U.S.	ATRY?
13.	FATHER'S NAME			14. MOTH	ER'S MAIDEN	NAME			U a 13 a	-614
13.	Dohont I Atkins	n n		Mar	v E. I	obbel	v			
15.	Robert J. Atkinse	16. SOCIAL SECUI	RITY NO.	17, IN	FORMANT &	ADDRESS				
1.	DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH 10. MAD	ICAL CERT	TEICATION	N					SET AND D
	590 IMMEDIATE CAUSE (A)	Uremia			V				ON:	VKS
DI GI S1	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) ISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. (C)	DEATH							ON	VKS
DI GI S1	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY. (B)	Uremia Acute Ne	phriti	S-					2 v	vks
DI GI	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, IVINIG RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Uremia Acute Ne	phriti	S-					2 v	vks
DI GI	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Uremia Acute Ne	phriti	S-					2 v	vks
DI GG S1 111	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, IVINIG RISE TO THE ABOVE CAUSE IATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DATE OF OPERATION 195. MAJOR FIR CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLAC OF INJURY	DEATH Uremia Acute No Pulmonar NDINGS OF OPERATION IE (Home, farm, fectory, street, office bldg., etc.)	phriti ry tube	rculos	Sis		r town)	(Co)	2 v	VICE
DI GG S1	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE IATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. B. DATE OF OPERATION I9b. MAJOR FIR	DEATH Uremia Acute Ne Pulmonar NDINGS OF OPERATION (Home, farm, fectory, street, office bidg., etc.) 21e. INJURY OCCUM While Not	phriti y tube	rculos	Sis		r town)	(Col	2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v	VICE
DI GG S1	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, INVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. B. DATE OF OPERATION B. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER OF INJURY OF INJURY (Month) (Day) (Year) (Hour	DEATH Uremia Acute Ne Pulmonar NDINGS OF OPERATION (Home, farm, fectory, street, office bidg., etc.) 212 INJURY OCCUR While Not wet work et work	phriti y tube 21c	rculos . WHERE DID	INJURY OCCU	UR?		`	2 V 2 V 2 V 2 V 2 V 2 V 2 V 2 V 2 V 2 V	Vrs. Autops Autops (State)
DI GG S1	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, INVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING TO THE DEATH OF INJURY ACCIDENT WAS UNDERLYING CONTRIBUTING TEITHER, NOTIFY MEDICAL EXAMINER) D. TIME OF INJURY (Month) (Day) (Year) (Hour M. 2. I hereby certify that I attended the alive on 3/15, 19.60	DEATH Uremia Acute No Pulmonar NDINGS OF OPERATION E (Home, farm, fectory, street, office bidg., etc.) 2 12. INTURY OCCUR While Not at work et work d deceased from	phriti v tuhe RED 216 while 216 4/15	rculos . WHERE DID f. HOW DID	INJURY OCCU	/15	, 196.C	, that	2 y 20 20 YES unity)	VIS
DI GG S1	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO CONTRIBUTING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DATE OF OPERATION DISEASE OR CONDITION CAUSING DEATH. DATE OF OPERATION DISEASE OR CONDITION CAUSING DEATH. CONTRIBUTING CAUSE OF DEATH DISEASE OR CONDITION CAUSING DEATH. DISEAS	DEATH Uremia Acute No Pulmonar NDINGS OF OPERATION E (Home, farm, fectory, street, office bidg., etc.) 2 12. INTURY OCCUR While Not at work et work d deceased from	phriti v tuhe RED 216 while 216 4/15	rculos . WHERE DID f. HOW DID	INJURY OCCU	/15	, 1960	, that	20 20 YES unity)	VIS
DI G SI	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, INVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. B. ACCIDENT WAS UNDERLYING OF INJURY EITHER, NOTIFY MEDICAL EXAMINER d. TIME OF INJURY (Month) (Day) (Year) (Hour M. 2. I hereby certify that I attended the alive on 3/15, 19.60.	DEATH Uremia Acute No Pulmonar NDINGS OF OPERATION It (Home, farm, fectory, street, office bidg., etc.) 21c. INJURY OCCUR While Not we the work to the work to the work to the work. It deceased from	Phriti Ty tube 21c 21c	rculos . WHERE DID f. HOW DID, 19.59	INJURY OCCU	/15 causes ar	, 196.0 Id on the treat, city, too	, that date stal wn, stole)	20 20 YES unity)	VIS AUTOPS AUTOPS (State)
DI GG S1 211 210 000 (IF 210 22) 223	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. B. ACCIDENT WAS UNDERLYING OF INJURY BUT ONTRY MEDICAL EXAMINER CONTRIBUTING CAUSE OF DEATH J. TIME OF INJURY (Month) (Day) (Year) (Hour M. 2. I hereby certify that I attended the alive on	DEATH Uremia Acute No Pulmonar NDINGS OF OPERATION IE (Home, farm, fectory, street, office bidg., etc.) 21e. INJURY OCCUR While work of work deceased from	y tube 21c RED 21t while 21c 4/15 occurred at 8.	rculos . WHERE DID f. HOW DID, 19.59	INJURY OCCU	/15 causes ar	, 19.60	, that date stal wn, stole)	20 20 YES unity)	VIS AUTOPS AUTOPS ON (State)
211 211 221 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, IVING RISE TO THE ABOVE CAUSE IATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. B. ACCIDENT WAS UNDERLYING OF INJURY B. ACCIDENT WAS UNDERLYING OF INJURY B. ACCIDENT WAS UNDERLYING OF INJURY BITHER, NOTIFY MEDICAL EXAMINER D. TIME OF INJURY (Month) (Day) (Year) (Hour A. 2. I hereby certify that I attended the alive on 3/15 19.60 SIGNATURE BURIAL, CREMATION, REMOVAL (SPECIFY)	DEATH Uremia Acute Ne Pulmonar NDINGS OF OPERATION IE (Home, farm, fectory, street, office bidg., etc.) I 2 le. INJURY OCCUR White Not set work et work I deceased from I deceased from I deceased from NAME OF CI	Phriti Ty tube 21c 21c	EN HOW DID 1. HOW DID 1. 19.59 1. 58p.M. Bluff REMATORY	INJURY OCCU	/15 causes ar oress (s ital, Locati	, 19.60 Id on the treat, city, tow Salis ON (City, tow	, that date stal wn, stole)	20 20 YES unity)	vrs vrs Autors where the decrease of the de
211 211 221 221 221 221 221 221 221 221	IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO ANTECEDENT CAUSE(S) DUE TO ISEASES OR CONDITIONS, IF ANY, INING RISE TO THE ABOVE CAUSE TATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. B. ACCIDENT WAS UNDERLYING OF INJURY EITHER, NOTIFY MEDICAL EXAMINER D. TIME OF INJURY (Month) (Day) (Year) (Hour M. 2. I hereby certify that I attended the alive on 3/15 19 60 BURIAL, CREMATION, REMOVAL (SPECIFY) BUCKAL BURIAL, CREMATION, REMOVAL (SPECIFY) BUCKAL REGISTRAR REGISTRAR REGISTRAR'S SIG	DEATH Uremia Acute Ne Pulmonar NDINGS OF OPERATION IE (Home, farm, fectory, street, office bidg., etc.) I 2 le. INJURY OCCUR White Not set work et work I deceased from I deceased from I deceased from NAME OF CI	y tube 21c RED 21t while 21c 4/15 occurred at 8.	EN HOW DID 1. HOW DID 1. 19.59 1. 58p.M. Bluff REMATORY	INJURY OCCU	15 causes ar press (s ital, Locati Sal	, 19.60 Id on the treat, city, tow Salis ON (City, tow	that date stal (mn, stote) sbury with, or county	20 20 YES unity) 1 last san ded above 1 Md a Adolpsiss	vrs vrs Autors (Stete)

OR THORNTON STATE PROMETERS OF TRACE SPANNING THE

	E OF DEATH		131 % - Salve	
		C-3-10111211		
12.00	The state of the s			
				96,000
			THE STATE OF	
	U Day of the Lot of th			
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				THE PARTY OF THE P

er death.

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	39	73	CERTIFICA	ATE OF DEAT	Н		Reg. Dist.	-	112
I. PLACE OF DEATH	ico		MARYLAND	2. USUAL RESIDENCE (W	here deceased	l lived. If institution b. COUNTY	on: Residence b	efore odn	nission)
b. CITY OR TOWN RURAL and give of Salis	nearest lown)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpoi			nearest to	own)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital)		oddress)	d. STREET ADDRESS Rockaw	alkin			ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle James	Atkinson	4. DATE OF DEATH	Mon 3		Day 6	Year 1960
5. SEX	6. COLOR OR RACE	7. MARE		B. DATE OF BIRTH Oct.17,1869		9. AGE (In years lost birthdoy) 91 yrs.	Months Do		
10a. USUAL OCCUPATI during most of wa Retired	rking life, even it refired	3}	kind of Business or Indus	Maryland	or foreign co	ountry)	12. CITIZEN	S.A	
	Atkinson ER IN U. S. ARMED FO			Jennie Tr NFORMANT rs. Howard Hu	rehearn	Add	ress		
	ATH WAS CAUSED BY, IMMEDIATE CAUSE (Immediate of the under-		ne for (a), (b), and (c).]	RB 437	ene	*		INTERVAL ONSET AN	ND DEAT
200. ACCIDENT W	AS UNDERLYING	20b. DES	CONTRIBUTING TO DEATH BUT				'EN IN PART 1	PER YES	REORMED?
20c. TIME OF INJU		ear 20d, II While at wor	_ Not while fee	ACE OF INJURY (Home, for tory, street, office bldg., et		or town)	(Cou	nty)	{Sto
	hat I attended the	8-4	and that death	accurred of 22 P	M, from ADDRESS (St Mary]	treet, city or town,	d an the d	ate stat	ed aba
BUTTAL (Specify	ON, 226. DATE THERE	_	22c. NAME OF CEMETERY O Parsons Cemet			IION (City, town, Boury, Ma		(5	itote)
23. FUNERAL DIRECTOR Hill &		Sali	sbury, Marylan	d 240. REC	AAR 3 0 "	TRAR 24b. REGI	STRAR'S SIGNA		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3974

03913

1.	PLACE OF DEATH a. COUNTY	licomico		MARYLAI	ND 2.	o. STATE Maryla	here deceases	d lived. If institution b. COUNTY	Anne		re odmiss indel	
	b. CITY OR TOWN (II RURAL and give no	autside carporate limi arest tawn)	ls, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF		orate limits, write R	URAL and g	ive neo	rest tow	1)
	Salisbu			323 days		St. Den	IIII.S		(204	X -	0
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS					e. IS RES	FARM?
		Head State	Hos	pital		1728 Ri	ver Ro	ad				NO
	NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mon	-	Da		Year
-	(Type or print)	Fran			Atl	cisson	DEATH	- 201	rch	9		1960
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	Days	Hours	Min.
L	Male	White	MIDOM	ED DIVORCED		3/2/1946		The yes.	INCOMING	odys	110015	Willi,
100	usual Occupation	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (Slate	e ar foreign c	auntry)	12. CITI	ZEN OF	WHAT	OUNTRY?
	None			None		New Yo	rk		US	SA		
13.	FATHER'S NAME				1.	4. MOTHER'S MAIDEN						
1	A	undrew C. A	tkis	son		Lillian	Berar	d				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		17. INFOI				resp	-2-		
{Ye	NO NO	If yes, give war at dates of a	ervice)	none		Deer. S	nead	Mospitáť	recor	as		
	18. CAUSE OF DEA	TH (Enter anly one co	use per li	ne far (a), (b), and (c)-]						INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	1	Bronchopne	umoni	ia				1	dav	DEATH
	744	DUE TO	-	•								
	Canditians, if a	ry, which) (b	1	Muscular	dvst:	rophy					?	
	gave rise to in	nmediate (
	lying cause last.	ne under-	1									
Z	PART II. OTH			CONTRIBUTING TO DEATH	BUTNO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART	T 1(a) 1	9. WAS	AUTOPSY
CATI												NO M
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	inter nature of injury in	Part I ar Par	t It of item 18.)				
N.		Y Manth, Day, Ye	ar 20d. I	NJURY OCCURRED 20	e. PLACE	OF INJURY (Hame, for	m, 20f. (Cih	or lawn)	(0	Caunty)		(State)
MEDICAL	Haur a.m. p.m.	19	While at war		raciary	, street, affice bldg., e	10.]					
	21. I certify tho	t (I) (this hospito) otten	ded the deceosed fro	om	pril 21 1	9_59. to_	March 9	1950	th	at (I) (we) lost
	saw the deceas	ed olive on M	arch	9_1960 , and th	at deat	h occurred ot 9:	10p from	the couses on	d on the	date	stoted	obove.
	22a. SIGNATURE	DV1.				ATTENDING		F7.455			22	b.DATE SIGNED
		Km	2 h		M.D	PHYS.	MED. DIRECTOR	STAFF PHYS. TO			3/10	/60
	22c. PHYSICIAN'S NAME (Type)	-B 7 0-		26 10		22d. ADDRESS						
L	4.76	Ite da GC	re,	M. D.		Deer's He	ad Hos	pital; Sa	alisbu	ry,	Mary	land
230	BURIAL, CREMATIO	N, 23b. DATE THEREO)F	23c. NAME OF CEMETE				TION (City, town,			(Sta	te)
	Burial (Specify)	3/12/6	0	New Cathe	dra	l Cemeter	y Bal			yla	an an an a	
24.	Howard H	s SIGNATURE I. Hubbar	d 41	07 Wilkens		25g PE	C'D BY REGIST	TRAR 255, REGI	strar's sic			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03914

3975

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY WICCOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY b.	before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and givenearest Jown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Decro Head Hospital	d. STREET ADDRESS Purvell	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Crimic Middle M.	Baker Seath March	Day Year // 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS Days Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZI	EN OF WHAT COUNTRY
13. FATHER'S NAME Elizah Hickolson	Catherine M. Carn	wan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. II) (If yes, Sive war or dates of service)	V. Cumming Baker Snew Her	1. mcl
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) One cause per line for (a), (b), and (c).]	ition 104 Dunell St.	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which) the Cheumich	wil arthritis	35 yrs
gave rise to immediate cause (a), stating the <u>under-lying</u> cause last. DUE TO (c)		1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	ENOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. {Enter nature of injury in Part 1 or Part 11 of item 18.}	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to P. Hour a. m. 19 at wark at wark at wark	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Catary, street, affice bldg., etc.)	ounty) (State
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased glive on 376-6019, and that a	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	
22a. SIGNATURE	M.D. PHYS. DIRECTOR PHYS.	3-11-60
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Salisbury M.	l.
REMOVAL TSPECIFY THEREOF 23E. NAME OF CEMETERY OF REMOVAL TSPECIFY THEREOF	OR CREMATORY 23d. AOCATION (City, town, or county)	m (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN DATE MAR 1 4 '60 CIrthun 8.	

100 TO 10 THE REAL PROPERTY AND ADDRESS OF THE PARTY O

VS A15 (4) 1SM 9/58

	STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
3976	CERTIFICA	ATE OF DEATH
icomico	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions of STATE Maryland b. COUNTY
otside corporate limits, write ist town) alisbury	6. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RUR. Upper Fairmount, Mary
(If not in hospital, give street	<u> </u>	d STREET ADDRESS

CERTIFICATE OF DEATH

03915

DECEASED	DENCE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 9	DENCE FARM? NO
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Deer's Head State Hospital 3. NAME OF DECEASED Charles Oliver Dearty Dearth March Dearth Dearth	DENCE FARM? NO
OR INSTITUTION Deer's Head State Hospital 3. NAME OF DECEASED (Type or print) Charles Oliver Barry DEATH March 1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ON A YES A PACE Month Doy YOUR DEATH March 1 9. AGE (In years IF UNDER 1 YEAR IF UNDE	FARM?
Deer's Head State Hospital 3. NAME OF DECEASED (Type or print) Charles Oliver Barry DEATH March 1 1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH (logs, birthdoy) Months Days Hours (logs, birthdoy) Months Days Hours	
Charles Oliver Barry DEATH March 1	109
Charles Oliver Barry DEATH March 1	
O/30/3065 lost birthdoy) Months Days Hours	9 60
Male White WIDOWED DIVORCED 9/19/1865 94 yrs Months Days Hours	
77 -27	Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Country and the state of working life, even if relired)	OUNTRY?
Farmer Unk. Somerset County i. S. A	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
r. Robert harry Mary Somers	
1S. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no., or unknown) (If yes, gives, war or dates, of service)	
Hospital Records Salisbury, Maryl	and
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Bronchopneumonia 2 da	IVS
1/9/V DUE TO	U.S.
Conditions, if any, which }	
gove rise to immediale	
couse (a), stoting the under. lying couse (as), DUE TO	
, (c)	17 OBCV
PART 1 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS A PEREO	SWED3
Cerebral hemorrhage due to generalized arteriosclerosis (9 mos.)	NO 🗌
PART I OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS A PERECO COPE TO THE PROPERTY OF CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CONTRI	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City ar town) (County)	(Stote)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Not while p. m. 19 at work at work at work	
	ceased
alive an 3/1/2, 19/60, and that death occurred at 3:35PM, from the causes and an the date stated	
	SIGNED
I SIGNATURE X A COCCO M.D. Dallsbury, Italy Land	-2-60
PHYSICIAN'S NAME (Type) Lee Lawry, M.D.	
220 BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY-OR CREMATORY 22d. LOCATION (City, town, or county) (Stote	1 4
Production 3-16-60 Miles Cometer Edinment Vill	
23. FUVERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Le crick, illelion frances and 150 DATE MAR 7 '60 Outling & Known	



7 24 hours after death. Page 4

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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12		3.7	_	-

3977	CERTIFICATE OF DEATH
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased live of STATE

	1, PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased is a. STATE	ved (f institution Residence before admission)
	WICOMICO	MARYLAND	Maryland	Balto City
	b CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate	e limits, write RURAL and give nearest town)
	Salisbury	1267 days	Baltimore	31-1.7
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ł	Deer's Head State H	ospital	3028 Grantley Ro	
	3. NAME OF First	Middle	Last 4. DATE	Month Day Year
	(Type or print) Isaac	G.	Bell (Jr.) DEATH	3 31 1960
			7020/	AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
	M W WIDOW	- T	3-20-08	lest birthday) Months Doys Hours Min.
	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign cour	12. CITIZEN OF WHAT COUNTRY?
	Plumber		Norfolk, Va.	U.S.A.
1	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	3 70 744
	Isaac G. Bell. S	70	Managamet 1	May Hansford
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. IN	FORMANT Decrie Hond Roy	Address Address
	(Yes, no or unknown) (If yes, give war or dates of service)	Mrs	Frances Case (S	istor)3610 Hickory Av
	IB. CAUSE OF DEATH Enter only one cause per I	ine for (a), (b), and (c),]	Baltimore 11,	INTERVAL BETWEEN
			sis - acute right po	osterior I day
	MMEDIATE CAUSE (a) DUE TO	or oracly our omoc	TOTO - GOUGE TERMS D	DS VELTOI I WAY
	Canditions, if any, which)			
	gove rise to immediate			
	couse (o), stoling the under-			
	lying couse last.) (c)	CONTRIBUTING TO DEATH BUT	NOT DELATED TO THE TERMINAL DICEASE C	CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY
			NOT REDATED TO THE TERMINAL DISEASE C	PERFORMED?
C. Br	Left hemiplegia). (Enter nature of injury in Part I or Part II	of item 18)
	OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW HAJORT OCCURRED	. (Enter hoters of injury in Form or Fact it	or near 18-1
		NAMES OF TAXABLE PARTY	CE OF INDUSTRY THAT I AM TON IC'S	town) (County) (State)
	Haur o.m. While	e _ Not while fac	ACE OF INJURY (Home, form, 20f (City or Hory, street, office bldg., etc.)	· town) (County) (Stote)
	p. m 19 at wa	irk 🗍 of wark 📗		
	21 I certify that (I) (this haspital) atten	/ -	10-11 1956, 10	3-31 , 1960 that (I) (we) last
	saw the deceased sive an 3/21	19 <u>60</u> , and that d		e causes and an the date stated above
	220 SIGNATURE		ATTENDING MED MED	STAFF SIGNED
	22c PHYSICIANS	way	M.D PHYS DIRECTOR	PHYS A. 3-31-60
1	NAME (Type)	. /		Head State Hospital
		Lawry, M. D.		ry, Maryland
		1960. Parsons	cemetery 23d LOCATION Sali	soury, Maryland Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Sa REC'D BY REGISTRA	R 256 REGISTRAR'S SIGNATURE
	Holloway & Company	y Salisbury, M	Id. DATE APR 4 1	60 011 - 64
				arthur & Trave

The Levery

F. .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2020

03917

	3978	CERTIFIC	ATE OF DEATH	Reg. (Dist. No.
1	1. PLACE OF DEATH O. COUNTY U/C/0 m/c/0	MANAGEMO	2. USUAL RESIDENCE (When	e deceased lived. If institution: Resid	ence befare admission)
		TH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL on	d give nearest town)
	Salislowiy		Frank.	tord	4 5
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Penils Sula Henrela	_	d. STREET ADDRESS	, 	e. IS RESIDENCE ON A FARM? YES NO
3	3 NAME OF DECEASED (Type or print) Hebra & L.	Middle L	Bennetts	OF DEATH March	23 1966
5	5. SEX 6 COLOR OR RACE 7 MARRIED N N MOL4 WIDOWED □	DIVORCED	B DATE OF BIRTH	9. AGE (in years IF UND lost birthdoy) Manths	ER 1 YEAR IF UNDER 24 HRS Days Haurs Min.
ī	10a USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF during most of working life, even if retired)	BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or		TIZEN OF WHAT COUNTRY?
	Care It	man'	Delaure		2'31
)	3 FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	*
	Leave Trutter Binn	etter	Murunia	Murray.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S (Yes, no. or unknown) (If yos, gave wor or dates of service) 221-16	ECURITY NO	Desir Benn	the Frankful &	elaccion-
	18. CAUSE OF DEATH Enter only one couse per line for (o),	(b), and (c).]	1		INTERVAL BETWEEN
	PART DEATH WAS CAUSED BY:	morre	neut of amus	trophi	Order Filto Defilt.
	SUN DUE TO O A	0 8.0			
	Canditians, if any, which) (b)	ے مر بحم	ecosis - S	and roar the	mession.
	gave rise to immediate DUE TO			0 0 .4	7
	lying cause lost. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	TING TO DEATH BU	T NOT RELATED TO THE TERMINA	al disease condit on given in Pa	ART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
		W INJURY OCCURR	ED. (Enter nature of injury in Po	rt Lar Part (Lof Hem TB.)	
IT VINDA		CURRED 20e. P	LACE OF INJURY (Home, form, actory, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
	21. I certify that I attended the deceased from	20 Mar	c 4 , 19 60, ta. 25	March 196Cithat 1	last saw the deceased
	m2 M /		/)-	, fram the causes and an t	
				ODRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE SERVED C. E. & garal	2	MD. JOSEPH	C. F. tzg Evald	M.D. 3/24/6
	PHYSICIAN'S NAME (Type)		707 (-amder AVE	HUE.
2	220 BURIAL, CREMATION 22b. DATE THEREOF 22c NA REMOVAL (Specify)	ME OF CEMETERY	OR CREMATORY 2	2d LOCATION (City, town, or county	(State)
2	23 FUNERAL DIRECTOR'S SIGNATURE ADI	DRESS /	240. REC'D	BY REGISTRAR 24b. REGISTRAR'S	

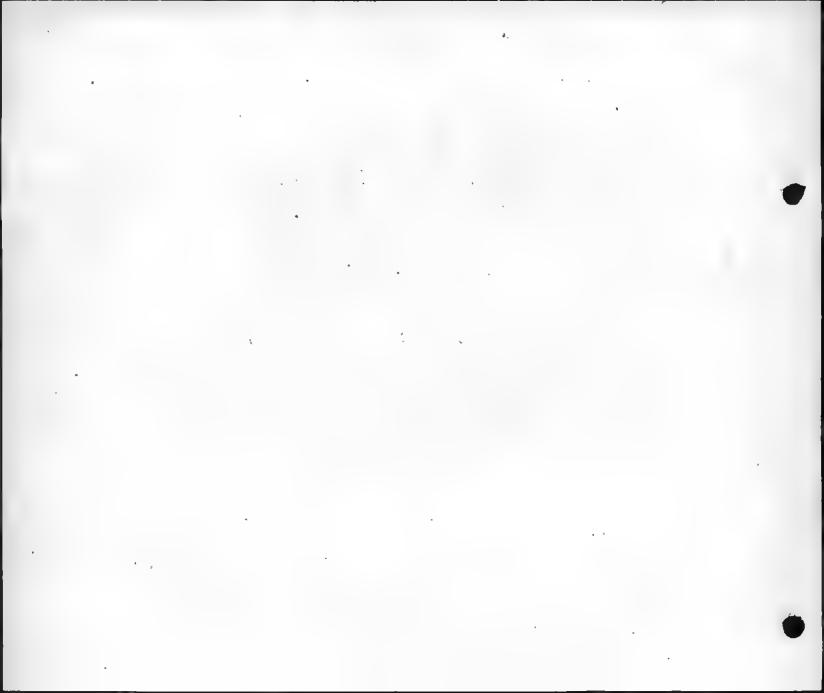
24a. REC'D BY REGISTRAR

DATE

MAR 29'60

arthur S. Frank

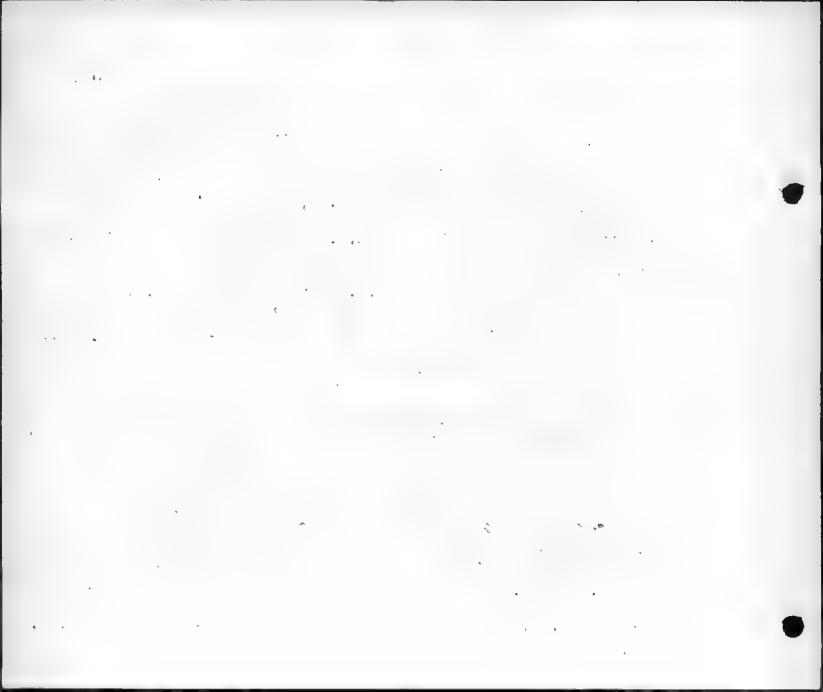
VS A15 (4) 15M 9/5B



VS A15 (4) 15M 9/58

	3979 CERTIFICATE OF DEATH Reg. Dist. No. ()391
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission] b. COUNTY Maryland Wicomico
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn) A L S D L Y C LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
/ ¿ >_	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR A FARM YES NO!
	3. NAME OF DECEASED (Type or print) SALLY PRISCILLA BOXNESS DEATH March 14 19 6
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH FORMAL 6. Library DIVORCED SEPT. 22, 1875 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours Min M
	10a USUAL OCCUPATION (Give kind of work done of Work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) House Work None R. D.# Princess Anne, Md U.S.A
)	13. Father's Name Alfred Hayman Annie Vincent
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. W. Aubrey Bounds (Son) Address D. # 1 No Salisbury, Maryland
	1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Contents also death IMMEDIATE CAUSE (c)
	Canditions, if any, which gave rise to immediate (b) Corruenty and Scheroans
	cause (a), stating the <u>under-</u> lying cause last. Column Colu
4	Eschal articoschosia PERFORMED?
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
	20c T-ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED While Nat while at work of wor
	21. I certify that I attended the deceased from 3/13, 1960, to 3/14, 1960, that I last saw the decease alive an 1960, 1960, and that death accurred at 3, 4 M, from the causes and an the date stated about
,	ACTUAL SIGNATURE Canal Deline M.D. Salesbury His 3/14/60
	PHYSICIAN'S Dr. David J. Gilmore Medical Center Salisbury, Maryland
Ą	22c. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) Burial Mar. 16, 1960 Presbyterian Church Cemetery-Princess Anne, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



03919

		20	150									Reg. Di	st. No.		
	1, 8	PLACE OF DEATH			AA A MAM. 4	- 11	2. USUAL RES		_	b.	If Institut		nca befo		
	- In	. CITY OR TOWN III	Wicomico	. 2014/5.44	c. LENGTH OF STAY IN		- 6174 00		rland						
		and give negrest town)	eniside carborose simis, mis	I RUKAL	C. SENGIH OF SIAT IN	16	. /		outside cor	rporale limi	is, write i	KUKAL and	GIVE TO	GLEST 10	wnj
			lisbury.					rpte	DWD1						
- 1	ď	Donings	(2		pital, give street address)		d. STREET A		St.					ON	A FARMAY
	3 1	NAME OF DECEASED	Fi		Middle		Lost		4. DATE		Month		Day	У	100
		(Type or print)	Clar	9	Mav	Bre	adlev		OF DEATH		3-1	3-60		1	9
	5. \$	F E	6. COLOR OR RACE White		D NEVER MARRIED	3. D	June 2	22,	1879	9. AGE (In lost butthe	day)	Months		Hours	ER 24 HRS. Min.
and.	10a			done 10b. K	None	DUSTRY	1). BIRTHPL	Lind .	or foreign	country)			ZEN OF		COUNTRY?
1	13	FATHER'S NAME	rie		MOHE	12	4 MOTHER'S		JAAAS						
1	13.	Willian	n H. Coo	per			4. MOTHER'S . Ma.]								
	15. (Ym.	MAS DECEASED EVE	R IN U. S. ARMED FC (It yes, give war or dates of		None	17. INF	PRMANT 1 SS 1	eri	an B	ra`]e	Address	k r	tow	m,	ud.
		18. CAUSE OF DEAT	H [Enter only one co	use per line	for (o), (b), and (c).								INTERV	AL BETWI	EEN
			H WAS CAUSED BY	1 (erebral he	emo:	rrhage)					- Contact	Da	
			✓ DUE TO												
		Conditions, if an) A	Arterio-sc	ler	otic d	lisea	ase					Yea	ars
		gove rise to immed (a), stating the u muse last.		1											
1	CERTIFICATION		ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	UT NO	T RELATED TO	THE TERM	INALDISEAS	SE CONDITI	ON GIVE	N IN PART		. WAS PERFO	AUTOPSY PRMED? NO [**]
	IFIC		ractured		HOW INJURY OCCURRE	D. (Enle	er noture of ini	ury in Por	t 1 or Port li	of item 18	.)				
	CERT	20g. EXTERNAL CAU PRIMARY OF OF CON CAUSE OF DEATH.	TRIBUTING-		at Maple							racti	ire	d h	ip.
	₹.	20c. TIME OF INJUR		or 20d. 1	NJURY OCCURRED 20e.	PLACE	OF INJURY (H	lome, form	20f. (Cit	y or town)		(Cou			(Stota)
	MEDICAL	Hour o.m.	2-26- 19	6 at wo			street, office	_		dela	Sp:	ring	5	M	d.
	_				remains described					nspectio	100	Inquir	T.		find that
				-	, Accident X,			omicide		Indeterm	The second second		السط' •	0110	11110 11101
		ACTUAL /	211	R										DATE S	IGNED
		SIGNATURE	mi -				W.D.		CAMINER [
		EXAMINER'S NAME (Type)	Carl L. R	oyer	. A.D.				AL EXAMINI EXAMINER		3	-4-6	0		
	220	BURIAL, CREMATIO			22c. NAME OF CEMETER	Y OR CE	REMATORY			ATION (City			*	(Stot	e)
		REMOVAL (Specify)	3-6-60		Firemens	}			Sh	arnt	own	, 1 d	•		
	23.	FUNERAL DIRECTOR	1 com	Y Some	ADDRESS				D 8Y REGIS			TRAR'S SIG			
		Smith Fo	reral Ho	me	Sh rrtown.			DATE M	AR 8 '	60	Cir.	itur S.	Firau	Δ	

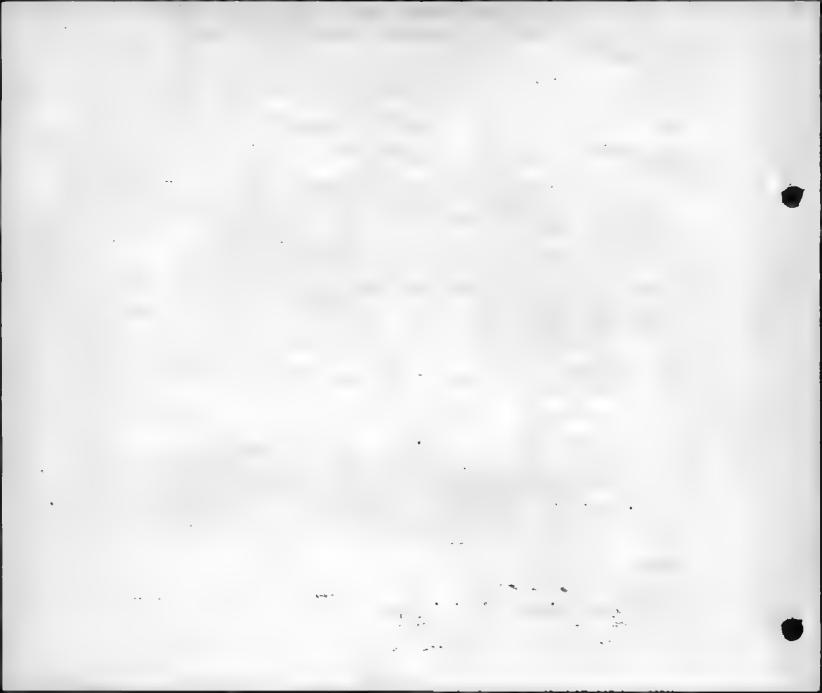
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death.

The the certificate, writing the word "pending" in pencif in from 18. Give Pages 1, 2, and 3 to, mercl director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form ##3. #ap# 5 may be retained for your files.

TO FUNERAL BIRECTOR: Page 3 should #e used as a burial-transit #ermit. File pages 1 and 2 with the registror prior to burial, cremation,

VS. A15ME(5) 5M 9/5S

or removal.



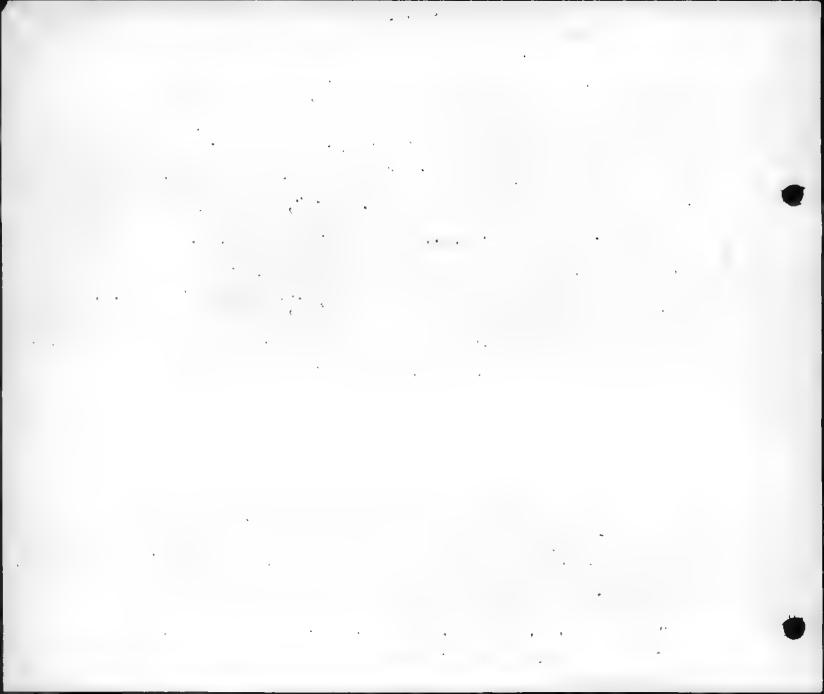
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH



MADVIAND CTA

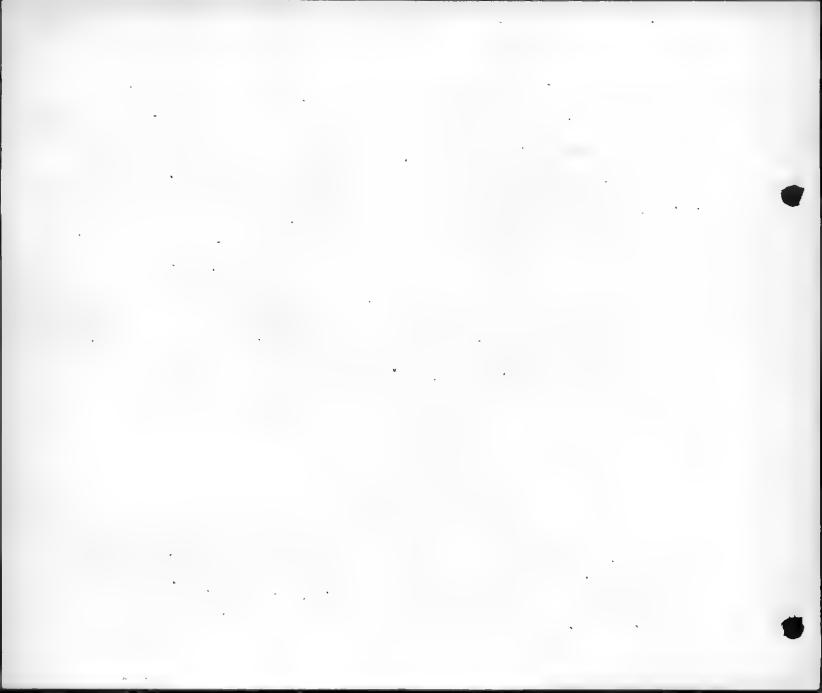
DATE SIGNED

(Store)

24b REGISTRAR'S SIGNATURE Cothun S. Kraus.

	,	MAKILA	IND SIMI	L DLI AR	CLIAIF	INI OF HEALH	I-DA		KL, IC	,	(5.4)	00.
		398	9	CERTIF	ICA	TE OF DEATI	Н					92
	,	000	164							Reg. Dist.	No.	
	PLACE OF DEATH					2 USUAL RESIDENCE (WI	here deceos	ed tived II	institution	Residence I	pefore admis	sion) ,
	a COUNTY	0.70		MARYLA	AND	o. STATE	01.1	b. 0	COUNTY	<u> </u>		/ "
	b CITY OR TOWN (If outside	sosposata limita :	write a 1ENIO	TH OF STAY IN	1.15	- CITY OR YOUR UIK	HW	$H/C \sim$	DIM	2.1/	77 EV	-1
	RURAL and give nearest tov		WITTE E LEING	HIT OF SIAT II	4 16	c. CITY OR TOWN (IF	,		, write KUI	VAL ond Blvs	negresi lowi	nį
Ś	alighurr	\				KOZ	-A	NA		CLA.	WAR	E
	d. NAME OF HOSPITAL (IF no	h hospitol, give	street oddress)			d. STREET ADDRESS			11/	v 2	e. IS RES	SIDENCE A FARM?
D,	OR INSTITUTION	× Man	lang	Maghi	tot	•			40	X " U	YES I	
-1	CONTRACTOR OF THE PARTY OF THE	LAZY	AVIAL	MUSPI	ICE		10.00					
	NAME OF DECEASED //	First		Middle		Last	4. DATE OF	-	Month		,	Yeor
	(Type or print)	hE B				CARFU	DEAT	Η З.	- 14			1960
, ;	SEX 6. COL	OR OR RACE 7.	MARRIED N	IEVER MARRIED	B	DATE OF BIRTH		9. AGE (-1 /1		EAR IF UND	ER 24 HF
7	Iale 11/11	ite w	IDOWED 🗌	DIVORCED		3/3//82		lost bi	7 yrs.	Months Do	ys Hours	Min
0a	USUAL OCCUPATION (Give	kind of work don	e 10b. KIND OF	BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Slote	or foreign	country)		12. CITIZEI	N OF WHAT	COUNTR
	during most of working life,					DELAN	100	رص			4.5 A	a
^		ceR	1								4.2,0	<i>y</i>
J.	FATHER'S NAME					14. MOTHER'S MAIDEN	p.	12	1-			
	SAMES		REF			ANNI	e 6	TRA				
	WAS DECEASED EVER IN J. S s, no or unknown) (If yes, give	. ARMED FORCES war or dates of service	7 16. SOCIAL S	ECURITY NO.	IN	FORMANT			Addres	55	,	
	4.6				ME	S. MACCA	RE	4	COK.	ANA	Del	
_	18. CAUSE OF DEATH [En]	er only one couse	ner line for (a)	(b), and (c),]	1-1-1					1	INTERVAL BE	FTWFFN
	PART I DEATH WAS		0. 1	toli our felia		v. v0 v - 0					DISET AND	
	IMMEDI	ATE CAUSE (o)	Chemia	myer	مدراب	xeax Jufacx	200				8hour	۵.
	4-201	DUE TO		O	^	^					The same of the sa	
	Conditions, if ony, which	h) a.	CAD MAN	. 01	Ų.,	Carren .					جے	
	gove rise lo immedio	in [U]	<u>CC</u> CO. CC									
	couse (a), stating the <u>unde</u>	DUE TO		0		9						
	lying couse lost.) (c)_										
Z O	PART II OTHER SIGN	IFICANT CONDIT	IONS CONTRIBU	TING TO DEAT	H BUT N	NOT RELATED TO THE TERM	INAL DISEA	ASE COND 1	TION GIVE	N IN PART I		
5			No.	ne.							YES [DRMED?
CERT	20a ACC DENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	b. DESCRIBE HO	W INJURY OC	CURRED	(Enter noture of injury in	Port 1 or Po	ort II of iter	n 18.)			
200	20c TIME OF INJURY Mont Hour o.m.		20d. INJURY O		Oe PLA	CE OF INJURY (Home, formary, street, office bldg., etc.	n, 20f (Ci	ity or town)		(Cou	nly)	(Sto

VS A1S (4) 15M 9/58

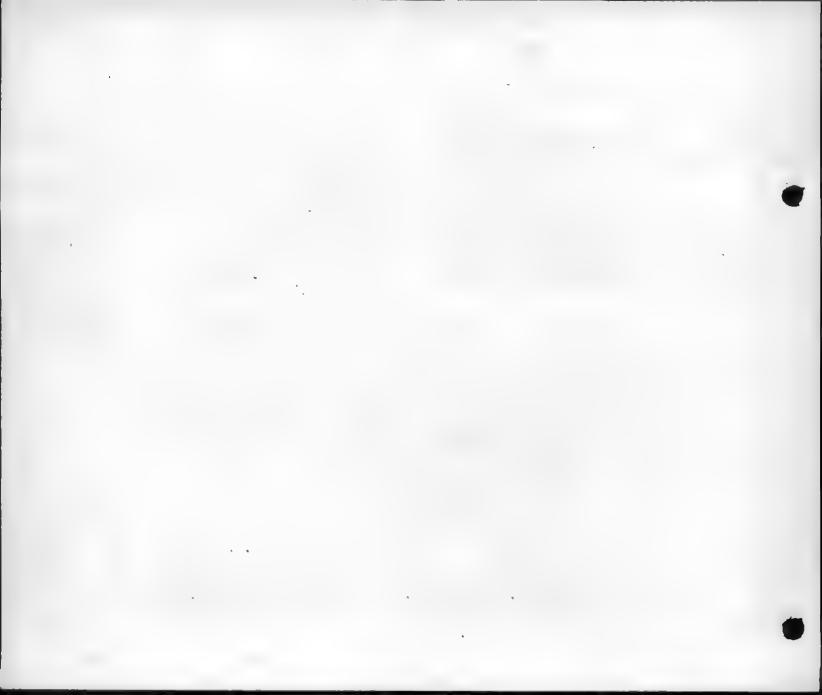


VR A15 (4) 15M 9/59

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03922

1. PLACE OF DEATH		2. USUAL RESIDENCE (Who o, STATE	ere deceased fived. If instituti	on Residence before admission)				
WICOMICO	MARYLAND	Marvla		Caroline				
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside carporate limits, write R					
Salisbury	50 days	Dentor	1					
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	et address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?				
Deer's Head State Hos	spital			YES NO				
3. NAME OF First DECEASED	Middle	Last	4. DATE Mor	nth Day Year				
(Type or print) William	n	Chambers	DEATH	3 29 1960				
S SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS				
	WED TO DIVORCED	5-11-83	lost birthdoy) 76 yrs	Months Days Hours Min.				
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)				12 CITIZEN OF WHAT COUNTRY?				
during most of working life, even if retired) Retired store employee	2			II G A				
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN N	rlyania NAME	U.S.A.				
Alexander Chamber	ne	22	Stutcenburg					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1		FORMANT Deer's H		ress				
(Yes, no, or unknown) (If yes, give wor or dates of service)	The state of the s	Deer 2 ti	.cau necoi us					
18. CAUSE OF DEATH [Enter only one couse per	line for (a) (b) and (c)]			INTERVAL BETWEEN				
PART I, DEATH WAS CAUSED BY:				ONSET AND DEATH				
IMMEDIATE CAUSE (o)	Bleeding duod	enal ulcer		2 wks				
Life DUE TO								
Conditions, if ony, which (b)								
couse (a), stoting the under-								
lying couse lost, (c)								
Part II. OTHER SIGNIFICANT CONDITION		NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?				
Arteriosclerosi	s, general			YES NO				
Pam II. OTHER SIGNIFICANT CONDITION Arteriosclerosi 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in I	Port I or Port II of item 18)					
	. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm	20f (City or town)	(County) (State)				
Hour p. m. Whi	t	tory, street, office bldg., etc		(555117)				
p m. 19 of w	rork ot work							
21. I certify that (I) (this haspital) atter	nded the deceased fram	2-8-, 19	60, to 3-29	2 _, 195Ω , that (!) (we) last				
saw the deceased alive an 1 3-	-39 19 60 and that d	eath accurred at	M, from the causes ar	nd an the date stated above				
22o. SIGNATURE	7	1:55	a.m.	22b.DATE				
Der X	Lawry	M.D PHYS L DI	RECTOR PHYS K	3-29-				
22c PHYSICIAN'S / NAME (Type)	. /	22d. ADDRESSDeer	's Head State	Hospital				
	awry, M. D.		sbury, Md.					
236 BURIA CREMAT ON 236 DATE THEREOF	23c NAME OF CHMETERY O	R CREMATORY	23d JOCATION (City town,	or county) (State)				
24 FUNERAY DIRECTOR'S SIGNATURE	ADDRESS	/ 250 DEC	D BY REGISTRAR 2Sh. REGI	STRAR'S SIGNATURE				
1/12 A10 X	2 1	m.l	100					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 1/X 1/1/22	1/4/ DATE	APR 4 '60	arthur & Kinesa				



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DIRECTOR

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VS A15 (4)

15M 9/58



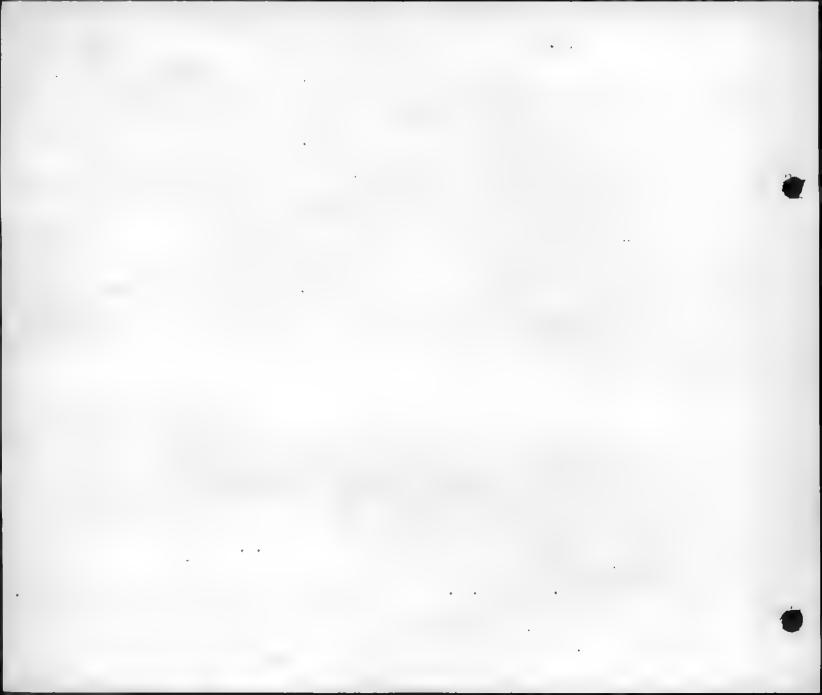
VR A15 (4) 1SM 9/59

MARYLAND	STATE	DEPARTM	LENT OF HE	ALTH
ON OF STATISTICAL	RESEARCH	AND RECORD	S - BALTIMOR	E 1, MARYLAND

3985 CERTIFICATE OF DEATH

03924

	1. PLACE OF DEATH					[]		ISUAL RESIDENCE (WI	nere deceased	flived. If instituti	on: Resider	nce befo	re admissi	on)
	. COUNTY Wice	omico			MARYL	AND	(Maryl a	and	b. COUNTY	Balti	more	Cit	y V
ſ	b CITY OR TOWN (If RURAL and give nea	outside corporate limi	ts, write	c LENG	TH OF STAY I	N 1b	4	CITY OR TOWN (If o	outside corpo	rate limits, write R	URAL ond	give nec	rest town),
	Salisbury	tesi towity		7	05 day:	9		Baltimore	3			~ V	1.1	
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospitol, g	ive street					d STREET ADDRESS					e. IS RESI	DENCE FARM?
1		Head State	Host	oital				807 N. Cur	cley S	trect			YES [
f	3. NAME OF	Fir	st		Middle			Last	4. DATE	Mon	th	Do	у Ү	ear
	(Type or print)	Georg	е		Enoch		C	ollison	OF DEATH	Marc	ch	28	1	9 60
I	S SEX	6. COLOR OR RACE	7- MARI	RIED 🔲 N	EVER MARRIE		DA	TE OF BIRTH		9 AGE (in years	IF UNDER			
	Male	White	WIDOW	ED 🏗	DIVORCED		9,	/19/1875		lost birthdoy)	Manens	Days	Hours	Min.
	10a, USJAL OCCUPATION during most of working	(Give kind of work	dane 10b	KIND OF	BUSINESS OF	RINDUS	TRY	11. BIRTHPLACE (Stole	or fareign co	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
V	-	19 1107 01011 17 1011100	'	t-m				Maryla	and		1	USA		
ľ	13 FATHER'S NAME						14	MOTHER'S MAIDEN I	NAME					
4	James (Collison						Mary Nich	nols					
Ì		IN J 5. ARMED FOR yes, give wer or doles of s		SOCIAL S	ECURITY NO.	17, IN	FOR	MANT Deer's	Head	Hospita!	:•ssRec	or ds		
	Unk					1 .								
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. ONSET AND DEATH													
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia 2 weeks													
,	H 1/X DUE TO													
	Canditions, if ony, which (b)													
	gave rise to im cause (o), stoling th													
	lying cause last. (c)													
	PART II. OTHE		-			TH BUT	NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(a) 1	9 WAS A PERFO	RMED?
	Arteriosclerosis, general 200 ACCIDENT WAS UNDERLYING													
	PART II. OTHE AT 200 ACCIDENT WAS OR CONTRIBUTING [[IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH COLORED CALLES	20b. DES	CRIBE HO	W INJURY OC	CURRED). (En	iter noture of injury in	Port I or Par	t II of riem 18.)				
	\$ 200 TIME OF INJURY	Month, Day, Ye	or 20d I	NJURY O	CCURRED			OF INJURY (Home, farm		or town)		County)		(Stote)
	Y 20c TIME OF INJURY Hour o.m.	19	While of war	rk 🔲 of v	while work	foci	tary,	street, office bldg., etc	-)					
	21 1 certify that	2) 1 certify that (1) (this haspital) attended the deceased from 1/23 1958 to 3/28 160 that (1) (we) lost												
	sow the decease	dalive on 3	128	19	60 , ond	thot d	eath	occurred of		the causes or	nd on th	e dote		
	22a. SIGNATURE	L L	~/	/, ,	141			ATTENDING _ M	P. M.	STAFF			225	SIGNED
	20 2000	XLO		ac	v cy	, h	A.D.	PHYS. DI	RECTOR	PHYS.			3/29/	/60
	22c PHYSICIAN'S NAME (Type)	Lee L. La	vivin r	n 71				22d ADDRESS	J 3 CJ	TT	24.7	. (7 %	2 - 1	202
									iead o	tate Hosp	ol cal	;oal	1SOU	ry, Ma.
	239 BJRIAL, EREMATION	236 DATE THERECO	66	23c N	AME OF CEME	TERY OF	R CRI	EMATORY	/ /	TION (City, town,	ין עניינים סו כמיינים אין	1	(State	9}
	24. FUNERAL DIRECTOR'S	SIGNATURE 1		AD	DRESS ()		/-	250. REC	D BY REGIST		STRAR'S S	GNATU	RE	
	4-14/2	red 1/100	21	Sen	1 11	Rega	A	DATE			Thur &	Floor	. I	
Ł	1 1 - 1	1/ // -			1		3.502	1//		2,7 10	- (,43	- 47-04		



4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
STOPE STOPE	3956 CERTIFICATE OF DEATH Reg. Dist. No. 03925
be filed	1. PLACE OF DEATH a. COUNTY WICO MICO MARYLAND MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest town)
in by the fun and 2 should	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION POINT VIOLET ALL HOSPITAL ON A FARM? YES NO 12
Pages 1	3. NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH NAME
ian and cample: carban papers. after death.	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? A T
ng physici remave 72 haurs	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (16 yes, gives wor or doller of service) (17 yes, gives wor or doller of service) (18 CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), and (c).]
icion. een signed by the attendiansis permit. Then please, and in any event within	PART 1. DEATH WAS CAUSED BY: 33/X DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c) Canditions and Death Cause (a) Constitution (b) Constitution (b) Constitution (c)
ding physic ate has bee burial-train removal, it is a feet of the physic at the physic	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION C
tal ar attention this certific or use as the rematian, a	Up (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. P. m. 19 While Not while of wark at wark 19 of wark 19
ned by the hasping in the prior to buring the	21. I certify that I attended the deceased fram DLL 1955, to 3/409, that I last saw the deceased alive an 1960, and that death occurred at 4PM, fram the causes and an the date stated abave. ACTUAL SIGNATURE MD. Salury MJ. 3/16/60
ERAL E ERAL E 3 shoul	PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c MAME OF CEMETERY OR CREMATORY 22d. SOCATION (Gity, town, or county) (State)
S A15 (4)	STEMOVAL (Specific 3-19-60 91 Oles) Lollman Lo



VS A15 (4) 15M 9/58

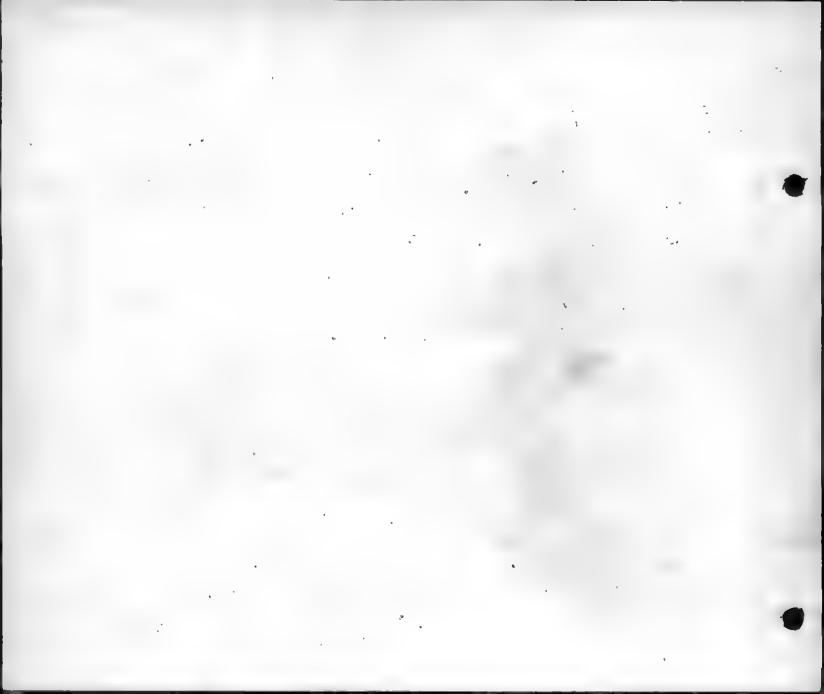
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3987 CERTIFICATE OF DEATH

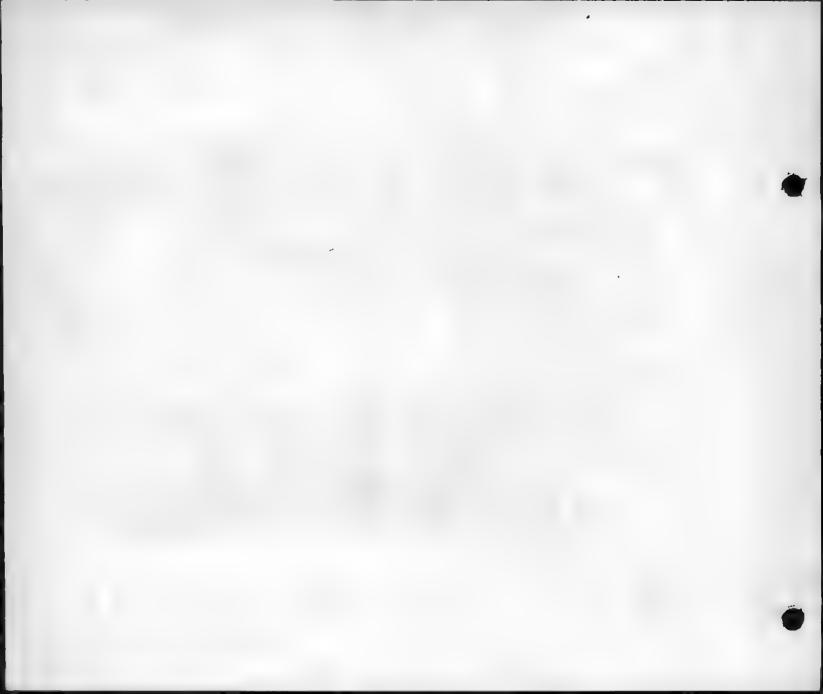
M

(3926) Reg. Dist. No.

	PLACE OF DEATH COUNTY WICE MICO	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		Institution Residence be	_
	b CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	POLA IN 16	CITY OR TOWN (IF o	utside corporate limits,	write RURAL and give r	earest town)
2	d NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUT ON	Hospital	d. STREET ADDRESS	Locust		e. IS RESIDENCE ON A FARM? YES NO
	3 NAME OF DECEASED (Type or print) JOHN FRAL	Middle KLIN Co	oulbourn	4. DATE OF DEATH	Month 1	2 1960
	5. SEX 6. COLOR OR RACE 7. MARRIED 12 WIDOWED [NEVER MARRIED	DEC. 16	1872 9. AGE (1		AR IF UNDER 24 HRS Hours Min
\	100. USJAL OCCUPATION (Give kind of work done 106 KIND of polyring most of working life, even if retired) Re	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote	ANC	12 CITIZEN	OF WHAT COUNTRY?
/	Tosuha J. Coulbourn		Priscilla	Chath	AM.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (Yes, no. or unknown) (Myres grya, wor or do'es of service) YES SPANISH - AMERICAN	2	ra, Bohn Cou	lbourn.	Some:	
	18. CAUSE OF DEATH Enter only one couse per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	o). (b). and (c).]	neumonia		01	NET AND DEATH
V	Conditions, if any, which) (b)					7
	gove rise to immediate cause (a), stoting the under-					
0		BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NALD SEASE CONDITI	ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED	. (Enter noture of injury in P	Part I or Port II of item	18)	
		OCCURRED 20e. PLA foci	CE OF INJURY (Home, form, lory, street, office bldg., etc.	20f (City or town)	(Caunt	y) (Stote)
	21. I certify that I attended the deceased from	am July	accurred at 5 A		19_Gthat I last so	
	SIGNATURE HARD P. Ard Mass	A A		ADDRESS (Street, city of		DATE SIGNED
	PHYSICIAN'S Dr. FRED R. SLRI	amse S	Alisbury, 1	MARYLA	ND	
	TO REMOVAL (Specify) 2 1/1 10 L A D	RSONS CEMETERY OF	CREMATORY /	SALISOUP	0.0	N (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE HILL & JOHNSON CO. SALA	SOUNY, M	240 REC'I		6. REGISTRAR'S SIGNAT	URE
		111				



1	tem 18 Fil 26 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 8 3 7	3988 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ()392
shoeld shoeld	1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE M. & b. COUNTY Wicomico Co
Page .	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Section by the state of the
y is nece firector. les. priar to	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM YES \(\sum \no \text{NOS} \) ON A FARM YES \(\sum \no \text{NOS} \)
your fi	3. NAME OF DECEASED (Type or print) D. elaves Andrews Cuff DEATH 3 /6 1960
3 to the young	5. SEX (6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 14 AR IF UNDER 24 HR WIDOWED DIVORCED 2 - // - 2 / 3 - yrs. Months Days Hours Min.
and 2 w	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
5 may ges 1	13. FATHER'S NAME (Indicated 14. MOTHER'S MAIDEN NAME)
File page	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMABLE (You, no. of whitnown) III you, give were or defens of services 16. SOCIAL SECURITY NO. 17. INFORMABLE To be the second of the
permit.	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Arrest Sud en
with fo	Conditions, if ony, which) (b) Pulmonary atelectasis hours
n penci	gave rite to immediate couse (o), stoling the underlying couse lost. Col. Aspiration
in diposition of the second of	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
De in de	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
ge 3 should	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slote) Hour o. m., p. m. 19 at work
ي کا کا کا	21. I certify that I took charge af the remains described abave, held an Autopsy . Inspection Inquiry and find the death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
inficate, writing of the Chief DIRECTOR:	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
f the cert arworded it FUNERAL ir remayal.	EXAMINER'S EZ-VI L OREY DEPUTY MEDICAL EXAMINER D ASSISTANT MEDICAL EXAMINER D 3-18-60
or re	220_BURIAL, CREMATION, 276, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, hown, or goodly) (State)
/s. A15ME(5) 5M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE MAR 2 2 '00 DATE DATE



VS A15 (4) 15M 9/58 3989

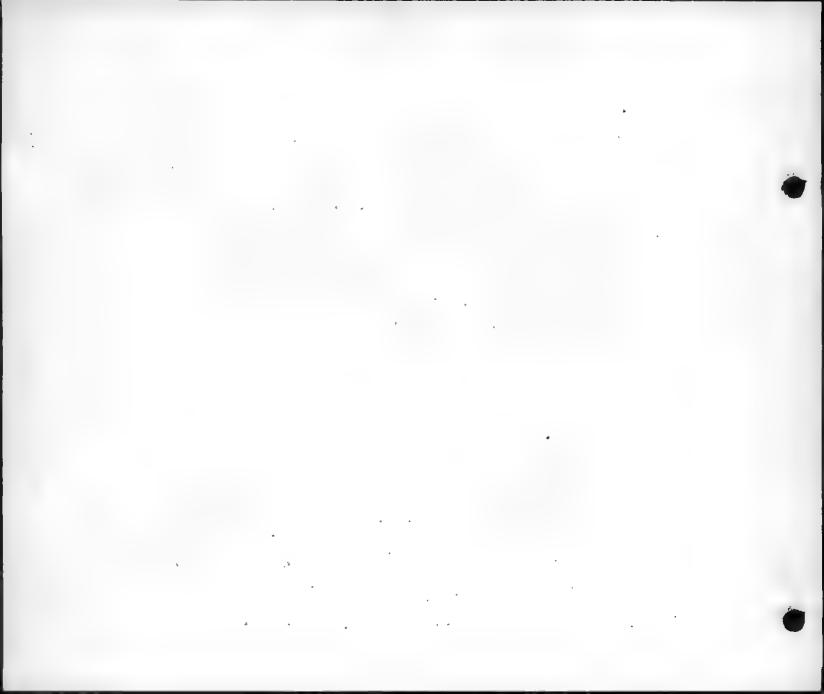
CERTIFICATE OF DEATH

3989	CERTIFICA	AL OF DEATH	Reg. Dist. No.
1 PLACE OF DEATH a. COUNTY Uicemice	MARYLAND	o. STATE MARYLAND	b. COUNTY b. COUNTY b. COUNTY U.Comica
b. CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town)	36 days	C. CITY OR TOWN (If autside carps	orate limits, write RURAL and give nearest lawn)
d. NAME OF HOSPITAL (If not n hospital, give stree OR INSTITUTION LENERAL!	Hospital	206 RAILAGED AV	e 15 RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) BYRON	Clark Middle	Cugler 4. DATE OF DEATH	///dRCD // 1760
male. U. Kite WIDO	WED DIVORCED	B. DATE OF BIRTH	9 AGE (In years of FUNDER 1 YEAR IF UNDER 24 HRS of birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10 during most of working life, even if retired)	FOOD	CRISFIEL	COUNTRY) 12. CITIZEN OF WHAT COUNTRY? 12. D /40 US A
WM L-CUGLE	R	ELSIE M.	HINNMHN
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unknown) (If yes, give war or dates of service)	1-05-98/5 D	Weller Cuegle	- Lelma In
1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).	Revelonepler	INTERVAL BETWEEN ONSET AND DEATH WELLOW
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.		0 0	
PART J OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UR STHERF, NOTIFY MEDICAL EXAMINER	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THETERMINAL DISEAS	SE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO P
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I at Pa	rt It of item 18.)
Hour a.m. Whi		ACE OF INJURY (Home, form, 20f (Cit ctary, street, affice bldg., etc.)	ty ar town) (County) (Slate)
21. I certify that I attended the dece	1	, 19 , ta 3 - 1	1960hat I last saw the deceased
actual signature (D) Oliu S2	allis .		the causes and an the date stated abave. Street, city ar tawn, slate) DATE SIGNED 3-11-60
PHYSICIAN'S NAME (Type)			0
220 BYRIAL, CREMATION, 226. DATE THEREOF SHEMOVAL (Specify) 3-14-60	224-NAME OF CEMETERY O	CREMATORY 22d LOCA	ATION (City, lawn, ar county) (Stote)
23 FUNERAL DIRECTOR'S INGINATURE	ADDRESS	240. REC'D BY REGIS	



CERTIFICATE OF DEATH 3990 Rea. Dist. No director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission) a. COUNTY Wicomico a STATE Filed b. COUNTY Talbot MARYLAND Marvland the funeral shauld be fil haurs after death. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate timits, write RURAL and give nearest town) RURAL and give nearest tawn) Royal Oak Salisbury 28 days d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM 24 Deer's YES INO Head State Hospital Middle Last 4. DATE Month Day Year filled DECEASED 3 March Charles 60 DEATH Pages (Type or print) Cullen 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS lost bythday) Male Months Days White 1872 WIDOWED EX DIVORCED | Oct. YIS papers. compie 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 17 81RTHPLACE (State or foreign country) during west of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA pup certificate be 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME offe physician Margaret Whalen Lawrence Cullen 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Deer's Head MospitaTerRecords Unk. attending death INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO permit. Conditions, if ony, which signed gave rise to immediate DUE TO couse (a), stating the underlying couse last burial-transit physician has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 remaval, PERFORMED? Arteriosclerosis, general YES 🛣 NO 🗍 20° ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) certificate MEDICAL 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Doy, Year 20f (City or town) (County) (State) foctory, street, office bldg., etc.) O. m. While Nat while of work of work p. m. After , to March 3 , 1960, that I last saw the deceased 21. I certify that I attended the deceased from Feb. 11 detached and that death accurred at 8:15PM, from the causes and on the date stated above TO FUNERAL DIRECTOR: page 3 shauld be detact ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** Deer's Head State Hospital prior SIGNATURE PHYSICIAN'S Salisbury, Maryland Lee L. Lawry, M. D. NAME (Type) BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) (Stote) REMOVAL (Specify) oldar Hill remalion 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR 8 '60 VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



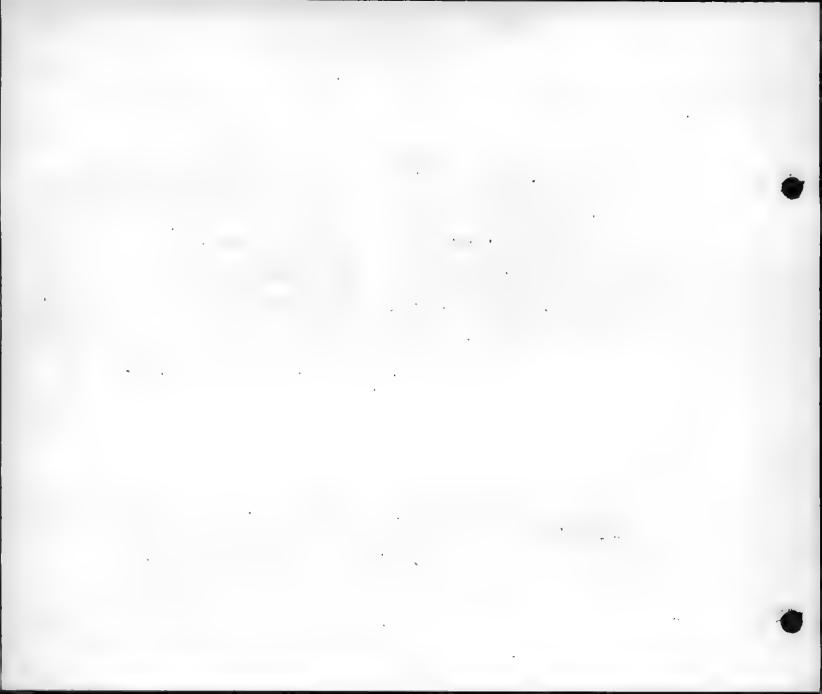
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3991 **CERTIFICATE OF DEATH** TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fundfal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

03930

Reg. Dist. No.

	1. [PLACE OF DEATH COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission)
}	l i	DIG CONTIA TO MARYLAND	"MARVLAND 6. COUNTY APCOSTER
	۲	CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	b,	RURAL and give nearest town)	BERLIN 2-1 -
	77	d. NAME OF HOSPITAL (If tot in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE
9	6	or institution	MITSHINGTON ON A FARM?
	3	NAME OF First & Middle	Last 4. DATE Month Day Year
	1	DECEASED	Color
	5. 5	12017072101	B. DATE OF BIRTH 9. AGE (In years I F UNDER 1 YEAR) IF UNDER 24 HRS.
,		The state of the s	lost birthday) Months Days Haurs Min.
	1	noul White WIDOWED DIVORCED	17 AR. 16, 1881 73 m
	0	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired)	itry 11 BirthPlace (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	1	ETIRED MACISTRATE MUNICIPAL	PRINCESS HNNE 10 U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		U-FORCE LULVER	ADELINE MILLER
ır	13.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO III	NFORMANT Address
I	L	No No 214-32-7455	MRS. F. A. CULVER DERLIN, MID
	Γ	1B. CAUSE OF DEATH [Enter only one couse per tine for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	[] _
		527/ DUE TO	
		Conditions, if ony, which) as all sources	sulmonore emplusema, "
		gove rise to immediate	The state of the
		couse (o), stoting the <u>under-</u>	
	z	, (NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY
4	CATION	The state of the s	PERFORMED? YES NO NO
3	LL.	206 ACCIDENT WAS LINDERLYING TO 206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.)
	CERTI	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Tente solde of injery in each a south of the solden say
	ΙŽ		ACE OF INJURY (Hame farm, 20f. (City or town) (County) (State)
	MEDICAL	Hour o.m. While Not while tax p. m. 19 at work ☐ at work ☐	tory, street, affice bldg., etc.)
		21. I certify that I attended the deceased from 3-4	. 1940, to 3-18 1940 that I last saw the deceased
		alive an $3-18$, $19(-1)$, and that death	7 15.
		three distributions of the contract of the con	ADDRESS (Street, city or town, stote) DATE SIGNED
		ACTUAL PAGE S. GODEN	5 Circles NA 3-18-10
		SIGNATURE O ZEELU C CEELUA	W.D TELECOTALITY THE VIOLEN
		PHYSICIAN'S NAME (Type)	
	22a	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY G	R CREMATORY 22d LOCATION (City, town, or county) (State)
	1	SUP 1 H 3/21/LO EVERA	REPLIN IND.
	2 3.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	16	Anna A. Burtage Besten	VIA
	- 0	The state of the s	DATE MAR 2 2 '60 Cuthur & France

VS A15 (4) 15M 9/5B

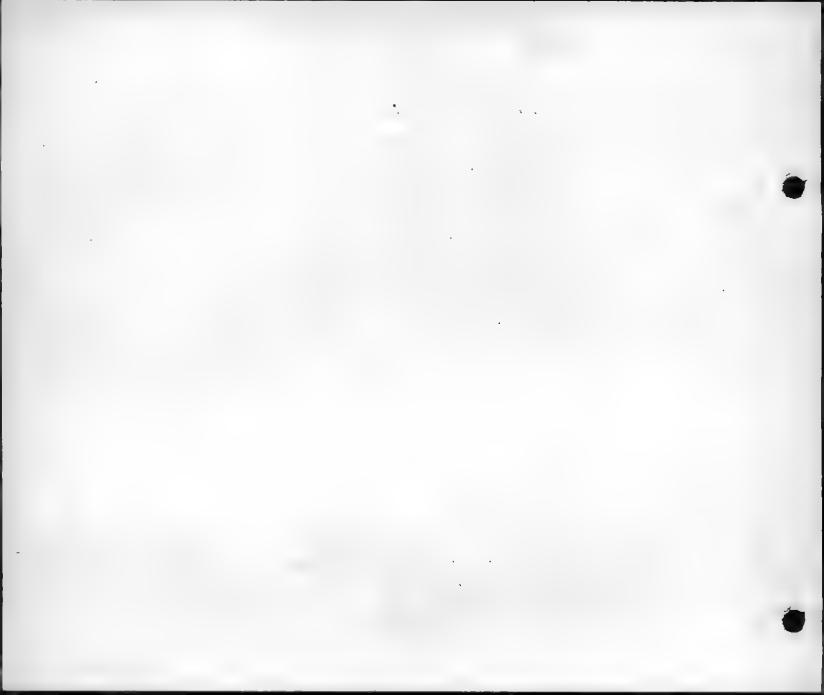


VR A1S (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 3952 CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY O. COUNTY O. MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) b. COUNTY / / / /
b. CITY OR TOWN (If outside corporate limits, write RURAL and Give nearest town)	c CITY OR TOWNy(If outside, corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, dive street address) OR INSTITUTION Deurs / Lea C /	1010 Ruerside Drive 915 NOS
3. NAME OF First Circles (Type or print) Farry Circles	Dallas 4. DATE OF DEATH 3-12-60 19
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 10 24-06 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 24 HRS If UNDER 2
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Eusqueer	
Sais it Dallas	14. MOTHERS MAIDEN NAME THOUGHT S Cur dus
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 III	Herye Dalles Salistury
	Thot related to the terminal disease condition given in part 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
GOR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) Zoc TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PL	ED. (Enter nature of injury in Port I or Port II of item 18.) LACE OF INJURY (Home, form, 20f (City or town) (County) (State) actory, street, office bidg., etc.)
21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased glive an. 3 -/ -2 - 196 C, and that a 220. SIGNATURE: 22c. PHYSICIAN'S NAME (Type) LEE L. LAWRY	death occurred of 2 M, from the causes and an the date stated obove. M.D. ATTENDING A MED DIRECTOR STAFF 3-12-19 ENGNED 22d. ADDRESS Listery, Md.
BREMOVAL (Specify) 3-16-19-10 WEST LAURYL	PHICEM PHILL MARY/AND
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ALIS OU NY	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DATEMAR 1 5 '60 Outline of the second sec



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



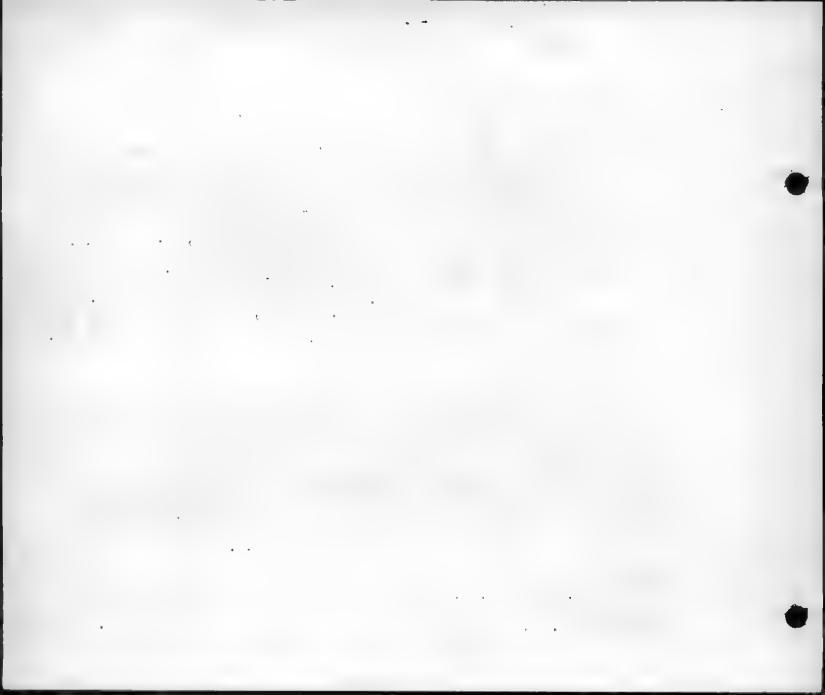
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

03933

		3934		CERTIF	ICAI	E OF DE	АІП						
1	PLACE OF DEATH o. COUNTY WITCH	OMICO		MARY		2. USUAL RESIDI	vland		lived. If institu b. COUNT			edmissio	m)
1	b. CITY OR TOWN (If or	tside corporate limits	, write	c LENGTH OF STAY	IN 16				te limits, write			est town)	
	RURAL ond give neore Salisb	nt.A.		64 da	vs	X Del	mar	(Rt. #	(3)				
	d NAME OF HOSPITAL		re street ac			d. STREET AD		(2000 1)			e	IS RESID	ENCE
	DEER'S	HEAD STAT	E HOS	SPITAL		Rt.	#3					YES 🗌	NO 🗌
3	NAME OF DECEASED	First		Middle		Last		4. DATE OF	Mo	inth	Day	Ye	ar
L	(Type or print)	Man				Denni	5	DEATH	3		18_	15	
5.				D NEVER MARRIE		DATE OF BIRTH		9	AGE (n years lost birthday)	Months		Hours	24 HRS Min.
	F		WIDOWED			9-17			87 yrs			11	
1	0a. USUAL OCCUPATION during most of working	life, even if retired)	one 10b K	IND OF BUSINESS O	R INDUST			4			IZEN OF V		UNIRT
1	Housemi.	fe							son, Md	•	U.S.	.A.	
1.	3. FATHER'S NAME	1111-				14. MOTHER'S		IAME	200 1 1	1.1.1			
-		hdym/Jose				Harrie	tt /	yhldddyf	/Harre	EK E.	llen	на.	11
	S. WAS DECEASED EVER IN Yes. no or unknown) (If y	N U S. ARMED PORC is give wor or doles of ser		DCIAL SECURITY NO		Linwoo	T Wa	rater		\mathbf{n}) 42 l	+ W.	Com	ner
~	18. CAUSE OF DEATH	[Enter only one cau	se per line	far (a), (b), and (c).),)	A TH	a, De	laware		INTER	RVAL BETY	WEEN
		WAS CAUSED BY:	P	Bronchopne	umoni	a. right	-				ONSE	hrs	DEATH
	491V	DUE TO							•				
	Conditions, if ony,	which)											
	gave rise to imm	ediate (
	couse (a), stating the lying couse lost.	under-											
CEDTICICATION	PART II. OTHER	SIGNIFICANT COND	ITIONS <u>CC</u>	ONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAR	T 1(o) 19.	. WAS AL PERFOR YES A	UTOPSY MED?
71517	20a ACCIDENT WAS I	INDERLYING	ЮЬ. DESCR	RIBE HOW INJURY O	CCURRED	(Enter noture of	injury in I	Port I or Port	II of item 1B)			12.3	
DED.	OR CONTRIBUTING C	CAUSE OF DEATH											
1	20c. TIME OF INJURY	Month, Day, Year	20d. INJ	JURY OCCURRED		E OF INJURY (H			or town)	(County)		(Stote
MAFFILMAL	Hour o.m.	19	While of wark	Not while	focto	ry, street, office	bldg., etc.	.) [
4		. 6				7 7	l. 10	60, to	2 1	8 206	^ "	1 (1)	١. ٢
	21 1 certify that (7. 4	2 7 D							8_, 196			
	saw the deceased	dive on	2-10	19 <u>60</u> , and	that de	oth accurred	の <u>.</u> 1つ。氏に		he causes a	nd an the	e date :		DATE
		VV lu	lohn		M	D. ATTENDING	MI	a.m.	STAFF PHYS X			3-	SIGNE
	22c PHYSICIAN'S NAME (Type)			1		22d ADDRES	is De	er's H	ead Sta	te Hos	spita	al	
		L. V. Ma		M. D.			Sa	lisbur	y, Mary	land_			
2	30 BLR AL, CREMATION, REMOVAL (Spec (x))	236 DATE THEREOF		23c NAME OF CEM					ON (City, lown		0	(State)	-
	"Burial	Mar. 21,	1960	Whitesv	ille	Line	Ceme	tery	(Wicon		Co.	Mar;	yla
	4 FUNERAL DIRECTOR'S S			ADDRESS			25a. REC	D BY REGISTR	AR 256 REC	SISTRAR'S SI	1.0		
	HOLLOWAY &	COMPANY	SA	LISBURY	MARY	LAND	DATEMA	R 2 4 '60	a	rithur S.	Thomas	jin.	

0 VR A15 [4] 15M 9/59





VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1		I. PLACE OF DEATH D. COUNTY Wicomico MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b COUNTY Dorchester						
/	Ŀ	CITY OR TOWN (f auts de carporate limi	ls, write	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN		porate limits, write R	URAL and gr	ve nearest tax	vn}	
		RURAL and give represt town) Salisbury			10mos . 23Da	ys	Camb	ridge			1 1/ 1		
	-	. NAME OF HOSPIT	AL (If not in hospital, g	ive street			d STREET ADDRESS	5			e IS RE	SIDENCE	
1		Deer's Head sta			te hospita	1	Rout	e 2				A FARM?	
	3 1	NAME OF	Fire	st	Middle		Last	4. DATE	Mai	nth	Day	Year	
	(Type or print) Mary -					_	Elliott	н Mai	rch	23	19 60		
	\$ S	EX	6. COLOR OR RACE	7. MARR	NEVER MARRIE	D 🔲 B 1	DATE OF BIRTH		9 AGE (In years last birthday)		YEAR IF UNE		
		Female	White	WIDOWI	ED DIVORCE		August 25,	1891	68 yrs	MONTHS	Days Haurs	Mín.	
	10a.	. USUAL OCCUPATIO	ON (Give kind of work of	dane 10b.	KIND OF BUSINESS OF	RINDUSTR	11. BIRTHPLACE (S	tale ar fareign	cauntry)	12. CITIZ	EN OF WHAT	COUNTRY?	
		None	and area a female		None			yland		_ L	. S. A.	•	
	13.	FATHER'S NAME					4. MOTHER'S MAIDI	EN NAME					
-			nry Warrin					y C. Wa	arrington				
	(Yes. no. or unknown) (If yes, give wor or dates of service)									lress			
L	1					1	Hospital	Records	s Sali:	sbury,	Maryla	and	
				use per li	ne for (a), (b), and (c).]						INTERVAL E	D DEATH	
		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	<u> </u>	Diabetic		Gangrene	Left l	Leg		3 M	onths_	
		260>	DUE TO										
i	gave rise to immediate										Years		
	cause (a), stating the <u>under-</u> DUE TO												
	-	lying cause last.) (c		COLUMN TALLS TO BE	The Blitt had	T 051 4 750 TO THE T	FRIDA LA PICE	Lee control or	VEAL IN LOADT	14-1 10 14445	AUTOREV	
4	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) PART 11. OTHER SIGNIFICANT CONDITIONS PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									ORMED?			
	CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DEŞ	CRIBE HOW INJURY OF	CCURRED. (Enter nature of injury	y in Part I ar Pi	art II of item 18.)				
	MEDICAL	20c. TIME OF INJUR Hour a.m.	Y Month, Day, Yes	While	Nat while		OF INJURY (Hame, y, street, affice bldg.,		ity or town)	(Co	sunty)	(State)	
	ž	p. m.		at war			1/20/50		2/22/	6	<u> </u>		
		l i	1 1) attend	ded the deceased		1/20/59	12ta			O that (I)		
		saw the deceds 22a. SIGNATURE	sed alive on2	1.621_	19 <u>00</u> , and	that dec	th accurred at	D M	n the causes a	id on the		d above. 25. DATE	
			Villalo	luc	,	М.	M.D. PHYS MECTOR PHYS March 23, 190						
l		22c PHYSICIAN'S ^V NAME (Type)	L. Maldve	. M.I	7		22d, ADDRESS	Salis	bury, Mar	vland			
	23a	BURIAL, CREMAT C	N, 236 DATE THEREC		23c NAME OF CEME	TERY OR C	REMATORY		ATION (City, tawn,		(Sh	ate)	
	L	REMOVAL (Specify) Burial	3-26-68				em. Park	_	mbridge,				
	24.	FUNERAL DIRECTOR		,	ADDRESS	6-	25a.	REC'D BY REGI	ISTRAR 25b. REG	ISTRAR'S SIGN	NATURE		
	20	e Compte	Fun dos	ne. Li	ambridge	The.	DA	AR 28'6	0 Che	mary A. F.W.			



VS A1\$ (4) 15M 9/55

	CERTIFICATE OF DEATH	Reg. Dist. No.	Reg. Dist. No. (13936			
1.	1. PLACE OF DEATH , g. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If in b. COUNTY b. COUN	MICOMICO				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negret fown) 42 785 C. CITY OR TOWN (If outside corporate limits, write LEN)					
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	e. IS RES	FARM?			
L	3. NAME OF DECEASED (Type or print) HER DERT PENN ELZEY 4. DATE OF DEATH	Month Day	19 6 O			
	S. SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED B-21-1894 9. AGE (In log) Division Out of the second sec	yrs. Months Days Hours	Min.			
	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State of foreign country) METIPEC CAR SALESMAN MARY/AND	U, S, A	COUNTRY			
	HARVEY ELZEY MARY TUBLS					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Ya. no. or unknown) (If yes, give wor or doles of forvice) 214=10=70.15 MRS H. P. ELZEY, S.	Address AME				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BE	DEATH			
	Conditions, if any, which) (b) Maybeater & Safa frame					
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO C C C C C C C C C					
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFC	AUTOPSY PRMED?			
		B) ;/				
MFDICA	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a m. White Not white of work of twork of twork 19 of work 19	(County)	(Stote)			
	21. I certify that I attended the deceased from Mice 17, 1951, to Mice to 19 alive on Mice alice on 1960. The state of the					
	PHYSICIAN'S Dr. Thomas C. Hill Jr. Pine BLOFF Rd., Salistury	MARY/AND	<u> </u>			
	BURIAL CREMATION, 226. DATE THEREOF ALLEN CEMETERY OR CREMATORY ALLEN, 18 PRINCIPLE BURIAL SPECIFY 3-12-1960 ALLEN CEMETERY OR CREMATORY ALLEN, 18	MARYLAND	•}			
23	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	Cottan & Kraua				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



ADDRESS

Hill & Johnson Co. Salisbury, Maryland

24g. REC'D BY REGISTRAR

DATE MAR 2 1 '60

24b. REGISTRAR'S SIGNATURE

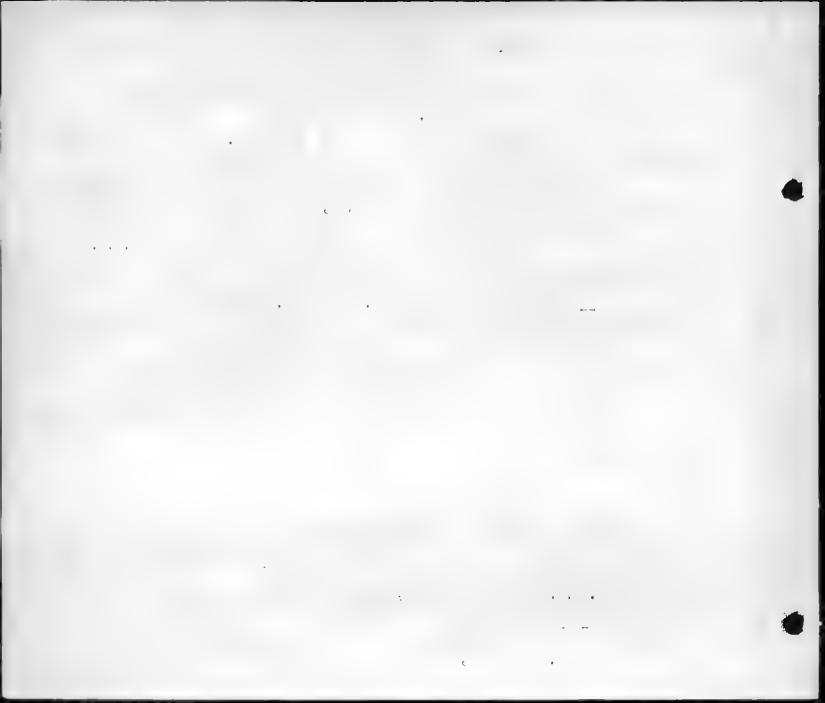
Circling S. Krants

VS A15 (4) 15M 9/S5

23 FUNERAL DIRECTOR'S SIGNATURE

havrs after death."

requires that the death



haurs ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3000

CERTIFICATE OF DEATH

03959

	0.000		7.12 G. BEF.11	<u> </u>	Reg. Di	ist. No.	
1, PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (WE o STATE Mar			nce before admission in the company of the company	on)
RURAL and give n	(If outside corporate limits, write Salisbury	c. LENGTH OF STAY IN 16	Sal	rutside carporate limi 1sbury	is, write RURAL and	give nearest town)	
d NAME OF HOSPI OR INSTITUTION	Pen. Gen. H	•	1d STREET ADDRESS 927	East Ch	urch St	e. IS RESH ON A YES	DENCE FARM? NO
3. NAME OF (Type or print)	First WILLIAM	FRANCIS	FOOKS	4. DATE OF DEATH	MARCH		₉ 60
s. sex Male	6. COLOR OR RACE 7. MARR	DIVORCED	Nov. 8,1885	last	(In years of UNDER Manths yrs.	Days Hours	R 24 HRS Min
10o. USUAL OCCUPATION during most of wor Retired	ON (Give kind of work done 10b. rking life, even if retired) Employee of		ostry II. BIRTHPLACE (State			US A	COUNTRY
13. FATHER'S NAME Affria	Fooks		Annie Ke	lley			
	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17	irs.Helen A. Salisb	Fooks(Wi	fe)527 I	E.Churcl	h St
	the under-	e for (a), (b), and (c).]	Thron	Cori	3	INTERVAL BET	WEEN
20g ACCIDENT W	AS UNDERLYING 20b. DESC		JT NOT RELATED TO THE TERMI			PERFOR	MED?
UIF ENTHER, NOTIFY Oc. TIME OF INJUS Haur a. m. p. m.	(MEDICAL EXAMINER)	Nat white	PLACE OF INJURY (Home, farm actory, street, affice bldg., etc.	20f. (City or town) (County)	(State)
21. I certify the alive an Actual SIGNATURE	and I attended the decease 3/4/60, 19	ed fram	th occurred at 0:46.	My, from the (ADDRESS (Street, city	or tawn, state)	he date stated	deceased d above TE SIGNED
PHYSICIAN'S Dr		е	S.Division	St. Sali	sbury, Ma	aryland	
REMOVAL (Specify)		Parsons (Cemetery	Salish	ty, lown, or county) ufy, Maj	ryland	
23. FUNERAL DIRECTOR		ADDRESS	DVT AND 240. REC'	AR 7 60	246 REGISTRAR'S SI	GNATURE Thank	

SALISBURY MARYLAND

DATE

TO FULLEAL DIRECTOR: After this cmifficate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cabalt pages 1 and 2 shauld be filed with the registror prior to burial, cremation, or remayal, and in any event within 72 houry after degith. 9 VS A15 (4) 15M 10/57

ITAL OR ATTENDING PHYSICIAN: The law equires that the death certificate be executed wi



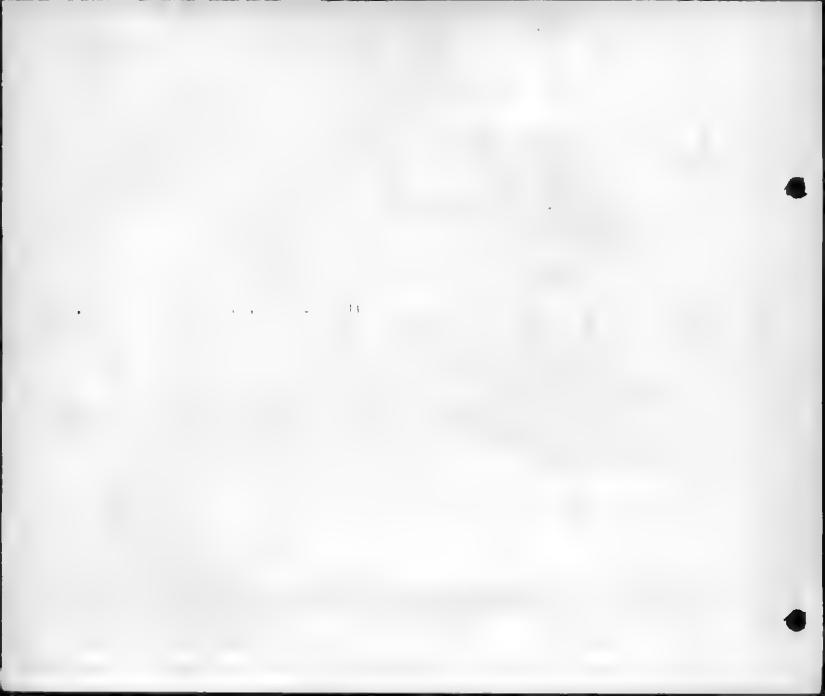
3000

CERTIFICATE OF DEATH

				Keg. Dist. No.						
), PLACE OF DEATH o. COUNTY		o. STATE	ere deceased lived. If instituti	on. Res dence before admission)						
Wicomico	MARYLAND	Maryland	V	Vicomico						
 b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) 	rite c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest tawn)								
Salisbury	3 Days	Salisbury	•							
d. NAME OF HOSPITAL (If not in hospital, give and OR INSTITUTION		d. STREET ADDRESS	64	e, IS RESIDENCE ON A FARM? YES TO NOW!						
Peninsula General Hosp		839 Coope		12 1190						
3. NAME OF DECEASED (Type or print) JOSEPH	Middle WII.I.IAM	FOX Last	4. DATE Mor							
	110-000-0	8. DATE OF BIRTH	Q AGE (In years							
Man - Mada	DOWED DIVORCED	3-15-1891	lost dirthday)	Manths Days Hours Min.						
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer, RETIRED	10b. KIND OF BUSINESS OR INDUS Publishing	STRY 11. BIRTHPLACE (State New York		12. CITIZEN OF WHAT COUNTRY						
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
Joseph T. Fox		Mary A. I	erlin							
15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes, no. or unknown) [If yes, give wor or dates of service		ormant cs. Mary A. Fo		lress						
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoting the under- lying cause last (c)	aortic arten	colleray (ikle os eke os	Ser years						
PART II. OTHER SIGNIFICANT CONDITION 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CIFETTHER, NOTIFY MEDICAL EXAMINER				VEN. IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO A						
	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in I	Port I or Port I of item 18)							
Hour o.m.	20d. INJURY OCCURRED 20e. PE. While Not while fail of wark at wark	ACE OF INJURY (Home, form ctary, street, affice bldg., etc	20f. (City or town)	(County) (State						
21. I certify that I attended the de alive on				that I last saw the deceased ad on the date stated above state) DATE SIGNED 3-25-60						
NAME (Type) Dr. Harry Matt	mx Camden Ave.	Salisbury, Ma	ryland							
220. BURIAL, CREMATION 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town,							
Burial 3-25-1960	Wicomico Memo:		Salisbury, Ma							
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE						
Hill & Johnson Co. Sali	isbury. Maryland	DATEMA	R 3 0 '60 C.	Elus & Kroud						

VS A1S (4) 15M 9/S8



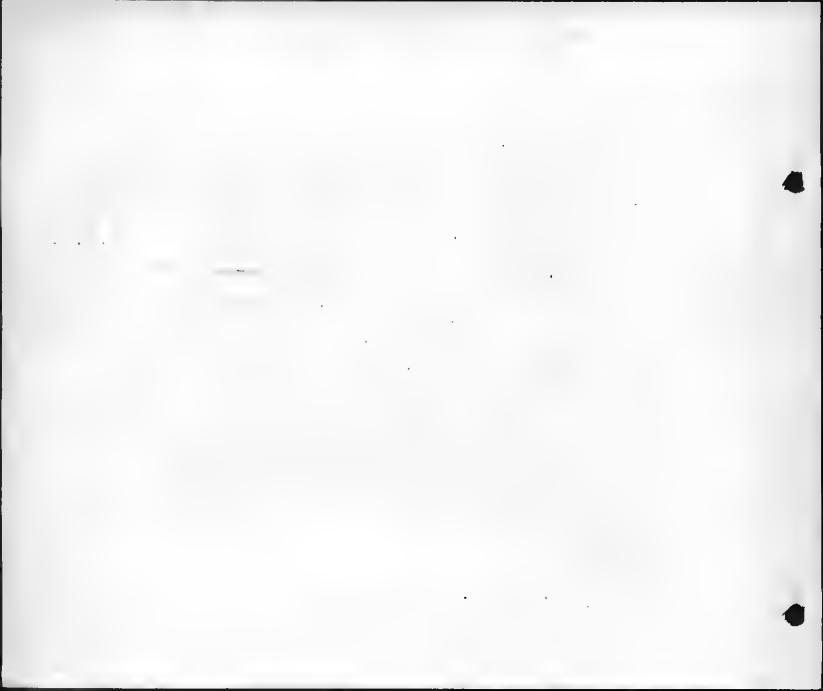


TO

VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE, 18	
00.				

	4001		CERTIFICA	ΑII	E OF DEATH	1		Reg. E	ist. No		
1.	PLACE OF DEATH b. COUNTY ii comico		MARYLAND		USUAL RESIDENCE (Who STATE		d lived. If instituti b. COUNTY		ence befo		on] V
	b. CITY OR TOWN (If outside corporate lim	its, write	c LENGTH OF STAY IN 16	URAL ond			1]				
	RURAL and give nearest tawn)		15 avs		d'hano	:e			1.		
	d. NAME OF HOSPITAL (If not in haspital, of INSTITUTION				d. STREET ADDRESS						IDENCE FARM? NO [X]
3	NAME OF FI	rsi	Middle		last	4. DATE	Mor	ıth	De	ıy .	Year
	DECEASED (Type or print)	a	Elizabeth		Gladden	OF DEATH	Mar	reh	12		19 60
5.	SEX 16 COLOR OR RACE	7. MAI	RRIED NEVER MARRIED	B D	ATE OF BIRTH	.1	9 AGE (In years			IF UNDE	R 24 HRS
	Tende Thit	WIDOV			1 m 11 2 1 . 1	000	last birthday)	Months	Days	Hours	Min.
10a	USJAL OCCUPATION (Give kind of work	done 10b	. KIND OF BUSINESS OR INDU	JSTRY	11 BIRTHPLACE (State	or fareign c	ountry)	112.CI	TIZEN O	FWHATC	OUNTRY?
	during most of working life, even if retired	1)	None		'Jarvla	nd			TI.	3. 4	
13.	FATHER'S NAME		7/0116	14	4. MOTHER'S MAIDEN N				0 8	~ · · ·	•
	. n 10 In 45				Touis		540	W.E.	5		
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16	S. SOCIAL SECURITY NO.	INFO	RMANT		Add	ress			
<u></u>	NO		lone		Losgital	TOOOT.	-73 Ca	lism	my,	Ty	land
	18. CAUSE OF DEATH [Enter only one co		line for (o), (b), and (c).]		×				INT	ERVAL BE	TWEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	3)	Gerebral Throm	0	is with -	1.7	<u>i</u> '4			Yea	rs
	DUE TO										
	Conditions, if any, which }	ol	' terio Sclero	tic	: I cart Lise	ease			110	Tua	rs
	gave rise to immediate Course (a), stating the under-										
	lying couse last.	c)									
CERTIFICATION	PART II. OTHER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH BJ	TNO	T RELATED TO THE TERMS	NALD SEAS	E CONDITION GIV	ZEN IN PA	RT 1(a)	PERFO	AUTOPSY RMED?
	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 af item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
MEDICAL	20c TIME OF INJURY Month, Doy, Ye Hour a.m. p. m. 19	Whil		LACE octory,	OF INJURY (Home, form, street, office bldg, etc	20f (City	y or town)		(County)		(Stote
	21. I certify that I attended the	deced	sed fram 2/25/		, 19 <u>. 50</u> , ta <u>3</u>	1/12/	19.50	that I	last sa	w the d	eceasea
	alive an 3/12/	. 19	60 , and that deat		curred at 9:55						
	7						treet, city or town,				E SIGNED
	ACTUAL SIGNATURE	40	wry	_ M. D.	<u>Ja</u>]	lisbur	y, Maryl	and			
	PHYSICIAN'S I ee L. I	aury	, 11.								
270	BURIAL CREMATION: 226 DATE THEREOREMOVAL (Specify)	OF -1460	224 NAME OF CEMETERY		L.K.	22d LOCA	TION (City, town,	or county	W.	(Stot	e)
23	FUNERAL DIRECTOR'S SIGNATURE	-	ADDRESS	_	24a. REC	D BY REGIS					
3	to read Il Brokente	10	Frincess	4	ATTA L DATE	AR 2 2'	ph C	ر جسکت	& this	en fron	



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

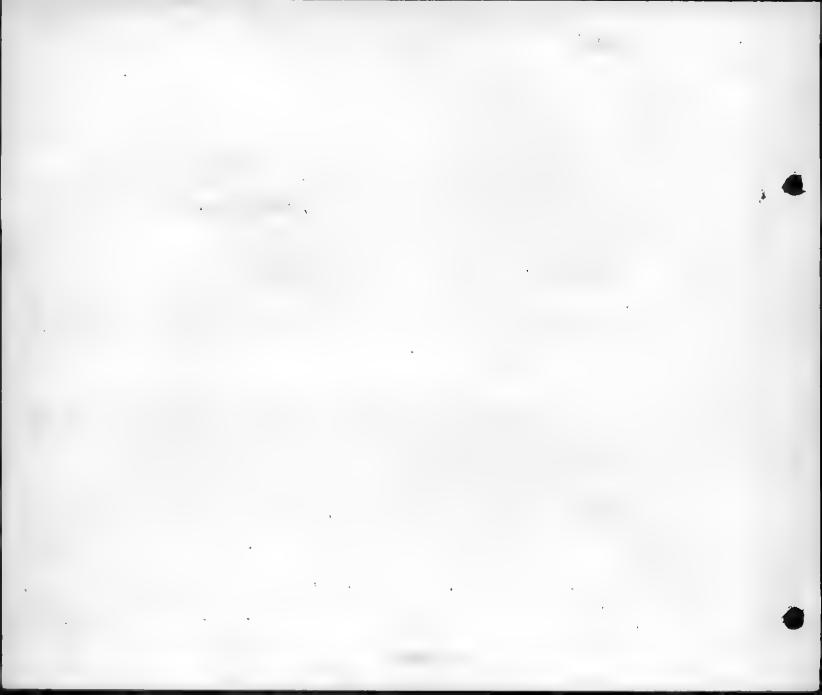
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CERTIFICATE OF DEATH

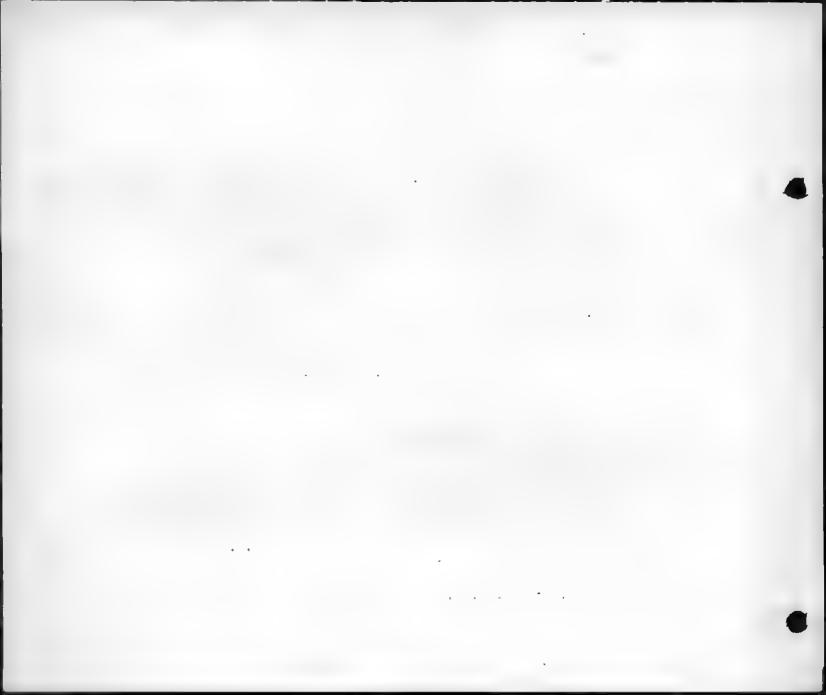
<u>. </u>		7013											
1	PLACE OF DEATH a. COUNTY	Wicomico		MARYLAND	- ATATE	loence (who		d lived If institution b. COUNTY	n, Residence Queen				
	b CITY OR TOWN (I	f outside corparate limit	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	RURAL and give no	oury		182 days	Sudlersville /7X								
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street	address)	d STREET ADDRESS e. IS RESID ON A F								
	Deer's Head State Hospital					# 1					□ NO □		
3	NAME OF	Fire	sit .	Middle	Lo	ost	4. DATE OF	Mon	lh	Day	Year		
(Type or print)		Ell	a	Mae	Gro	ves	DEATH	Marc	h	21	19 60		
5	SEX	6. COLOR OR RACE	7 MARR	IED MEVER MARRIED	8 DATE OF BIR	тн		9, AGE (In years last birthday)			NDER 24 HRS		
	Female	Colored	WIDOW	DIVORCED	May 1	0, 189	2	67 rs	Manths D	loys Hot	urs Min		
10	USUAL OCCUPATION	N (Give kind of work of	lone 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHE	LACE (State)	or foreign c	country)	12. CITIZE	N OF WHA	AT COUNTRY		
	None	king life, even if retired)		Own -Home	Ma	rvland			US	34			
13	. FATHER'S NAME				14. MOTHER				1	16.			
	Abra	ham Brooks			R	achel	Wrigh	t					
15	WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO 17			- Jane	Hospital	en ocord	3.5			
{1	Unk.	(If yes, give war or dates of se	rrviee)	None		CCI U	nead	100prear	record	12			
-	18 CAUSE OF DEA	ATH Enter only one co	use per lii	ne for (o), (b), and (c).]						INTERVA	L BETWEEN		
		TH WAS CAUSED BY:	C	arcinoma of u	rinary bi	ladder	with	generali	zed	ONSE! \$	NP DEATH		
	101	IMMEDIATE CAUSE (o)		etastases.									
	Conditions, if a	ny which \											
	gave rise to immediate DUS TO												
	lying cause last.												
ATON	, 19												
IF.O.	200 ACCIDENT WA	S UNDERLYING TO	20b DES	CRIBE HOW INJURY OCCUR	RED (Enter noture	of injury in F	Part Lor Pa	rt II of item 18)		163			
CERTI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	240 560		tes: įemer norore	Or inquiry in i	011101101						
_			sr 20d II	NJURY OCCURRED 20e.	PLACE OF INJURY	(Home, form	20f /Cit	v or town)	150	unty)	(Stole		
MEDICA	Hour o.m.	19	While	Nat while	actory, street, affi	ce bldg., etc.	.)	,	(00	,,	121010		
Σ			at wor		0 1	03		1 02					
				led the deceased from									
		ed alive an Mal	ren 2	0 1960 , and that	death accurre			the causes an	d an the c	date stat			
	220 S GNATURE	1. 14	עת 0	11011	ATTENDI		A • M •	STAFF			226 DATE SIGNE		
	22c. PHYSICIAN'S		<i></i>	, CDC C C C	M.D. PHYS.		RECTOR [PHYS. 🔼					
	NAME (Type)	V. Juerr	nan.	M. D.			d Sta	te Hospit	FeR: Fa	ishu	mr. Md		
23	REMOVAL Spedify	3/24	60	mt lead	CR CREMATORY,		234 79 Ch	alium	or county)	mi	Stole		
24	FUNERAL DIRECTOR	SIGNATURE		ADDRESS 10.	to m		AR 2 8		STRAR'S SIGN	12			

VR A15 (4) 15M 9/59



Ö VR A15 (4) 15M 9/59 DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

١	CERTIFICATE OF DEATH												
J	PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived If institutions Residence befare admission) o. STATE b. COLINTY									
	WI COMICO			MARYLAND		o. STATE b. COUNTY Talbot							
1	b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)			c. LENGTH OF STAY IN 16		c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						1)	
	Salisbury			558 days		Neavitt				>	× · · ·		
	d. NAME OF HOS			d. STREET ADDRESS		e. 15 RESID ON A F YES		EARM? /					
	Deer's Head State Hos			Middle		Lost 4. DATE		Manth		Da		Year	
ı	(Type or print)		llie	L.		Haddaway	OF DEATH	3		8		1960	
	S SEX			RIED NEVER MARRI	ED 🗆 B.	DATE OF BIRTH		9 AGE (In years	IF UNDE			ER 24 HRS	
	F			OWED X DIVORCED		10-24-81	lost birthday) Manths 78 yrs.		Days	Havrs	Min		
1	10a USUAL OCCUPA	T ON (Give kind of wark	dane 10b.		R INDUST		te or foreign o	auntry)	12 CI	TIZEN OF	WHAT	OUNTRY?	
	during most of working life, even if retired) housewife		1)}			Maryland				U.S.A.			
	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				UsDans				
	John Wayman					2							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Door to Hond Regarde Address												
	(10s, no, or unknown) (If yes, give wor or dates of service) unknown												
	18. CAUSE OF DEATH [Enter only one cause per line for			ne far (a), (b), and (c).	1					INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY:								ONSET AND DEATH				
	MAMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease lears 422 / Due to												
	-7 U. U. 7 7			erioselerosis.		general, severe			Years				
	gave rise to immediate			JOI TOGOTOTO	or todotoronate ?		general. Severe				10010		
	Cause (a), stating the under- lying cause last.												
	CAT	PERFORMED? YES YES NO 1											
~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? Adenocarcinoma of colon. 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)												
	7.	IFY MEDICAL EXAMINER)											
ł	20c. TIME OF IN			NJURY OCCURRED		CE OF INJURY (Home, fo		y or town)		(County)		(State)	
ı	Hour a.	19	While of wor		Tocie	ory, sireer, ornice ordgi, r	pro-) i						
	21 1 certify that (1) (this haspital) attended the deceased fram. 8/28 19.58, to 3/8 , 160, that (1) (we) last												
		eased alive on	3/8					the causes or			- / 1		
	22a SIGNATUR		0 D		mor ac		Op.m.			10 0070		b DATE	
		VV. ku			М	ATTENDING	MED. DIRECTOR	STAFF PHYS.			3/	9/60	
	22c PHYSICIAN'S 22d. ADDRESS Door in Hond Chata Hamita'												
	L. V. Maldve, M. D. Salisbury, Maryland												
	23a BUR AL, CREMA	TION, 236, DATE THERE		23c NAME OF CEM	ETERY OR			TION (City, loyer,		, 2	(Stat	lej	
	Burel 3-11-60			nean	tt 9	temeler nearth				ma			
	24. FUNERAL DIRECT	OR'S SIGNATURE	,	_ ADDRESS /	2. 0		C'D BY REGIS	TRAR 256 REGI	STRAR'S S	IGNATU	RE		
1	1.4/2.	Del tool 15	AN S	LAND ONLY	7 Mi	CARONA DAKEA	D 1 4 '60	Gath	un 2	Kensed			



navrs after death. Page

certificate

death

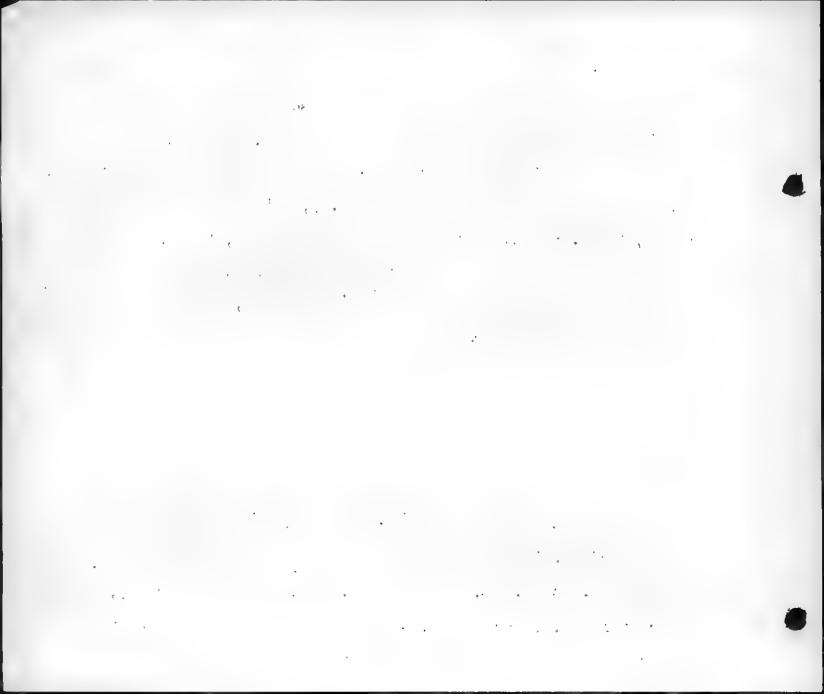


VS A15 (4) 15M 9/SB

			4005	CERTI	FICA	TE OF D	EATH			Reg. Dist.	()3g	148
	1, P	LACE OF DEATH	Wicomico	MAR	LAND	a STATE .	Maryl	re deceased lived b	If institution.		before admis	sion)
	to	RURAL and give	(If outside corporate limits, wr nearest town) Salisbury	c. LENGTH OF STAY	IN 1b	4 400	own (If ou	tside corporote (im bury	its, write RUR	AL and give	nearest tow	n)
	S	name of hose or institution pringni	TTAL (If not in hospital, give st	reet oddress) Sanitarium		d. STREET A	DDRESS	. Isabe	lla S	t		FARM?
		NAME OF DECEASED Type or print)	HAROL!	D CORKRAI		EARN Lost		4. DATE OF DEATH	MARCH	30	Day Oth	Year 1960
	5. S	ale	774 0 0	AARRIED NEVER MARRI		Feb. 27			12 12 12 E	Months Da	ys Hours	Min
) R	during most of wo	ION (Give kind of work done orking life, even if retired) Ins. Salesma	10b. KIND OF BUSINESS O		Whit	tesvi	lle, De	lawar		U S	OUNTRY?
		Joseph	Hearm	(Ma		14. MOTHER'S		_{AME} h Mille				
	15.	Alle .	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)					arm(Son ry, Mary		itra]	l Hot	el
			immediate DUE TO	er line for (g), (h), and (c)	le	Loyaly					INTERVAL BI	DEATH
2	MEDICAL CERTIFICATION	Part II. O	THER SIGNIFICANT CONDITIO	INS <u>CONTRIBUTING TO DE</u>	ATH BUT	NOT RELATED TO	THETERMIN	ial disease conf	DIT ON GIVER	V IN PART 1(PERF	AUTOPSY DRMED?
	L CERTIF	OR CONTRIBUTIN	VAS UNDERLYING [20b. IG [CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY O	CCURRE) (Enter nature of	f injury in Pi	art I or Port II of i	tem 1B)			
	MEDICA	20c. TIME OF INJU Hour a.m p. m	. 10 W	od. INJURY OCCURRED work of work		ACE OF INJURY (I tory, street, office		20f. (City or tow	m)	(Cou	nty)	(State)
21. I certify that I attended the deceased fram 1920, 19, ta 2/30, 1920, that I last saw the alive on 3/24/100, 19, and that death accurred at 11:30%, fram the causes and an the date sta								date state				
		PHYSICIAN'S NAME (Type)	Dr.Fred R.G	ramse		S.Div	ision	St S	alisb	ury,	Maryl	and
	22a.	BURIAL, CREMATI REMOVAL (Specif Buria	Apr. 2,196	22c NAME OF CEM Parson	_	R CREMATORY Emetery		22d. LOCATION (C			and (Sto	fe)
		FUNERAL DIRECTO		SALISBURY	MAE	RYLAND	24a. REC'D	BY REGISTRAR	24b REGIST	RAR'S SIGN		

Colley J. Krans

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



22c. NAME OF CEMETERY OR CREMATORY

Firemens

ADDRESS

Home

22d. LOCATION (City, fawn, or county)

24b. REGISTRAR'S SIGNATURE

Cirthur S. Thous

24g. REC'D BY REGISTRAR

MAR 1 0 '60

(State)

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Bod

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VS A15 [4]

15M 9/55

22a. BURIAL CREMATION.

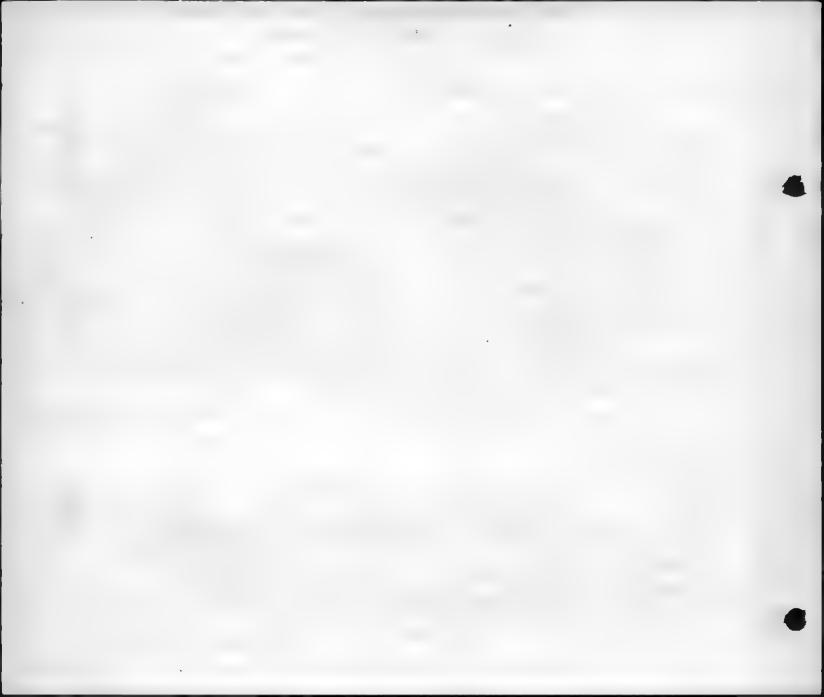
TREMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Funera]

3-8-60



PLACE OF DEATH o. COUNTY

b. CITY OR TOWN and give nearest to

d. NAME OF HOSP

D.O.A. NAME OF

23. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

		ENT OF HEALTH—BALTIMORE, 18 S CERTIFICATE OF DEATH
000		Reg. Dist. No.
Wicomico	ASARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico
(If outside corporate limits, write Rt m) Salisbury	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) / Salisbury
	os in hospital, give street address) IOSPITAL	d. STREET ADDRESS 633 Homer St 633 Homer St 633 Homer St
LAWREN	ICE WILLIAM	HILL ADATE Month Duy Year Of DEATH MARCH 7th 19 60
	Rahy	8. DATE OF BIRTH Feb. 7. 1959 9. AGE (in years lead birthdoy) 1 Yrs. Months Do Hours Min.
ION (Give kind of work dor- ing life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	STRY 11. BIRTHPLACE (Stole or foreign country) Salisbury, Maryland USA
		14. MOTHER'S MAIDEN NAME
iam W. Hill		Mabel M. Baker
VER IN U. S. ARMED FORCI	16. SOCIAL SECURITY NO. None	r. William W. Hill (Father) 633 Homer St Salisbury, Maryland
ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).	my Hacher Brochli 20 hours
) X DUE TO		
any, which bl		

24o. REC'D BY REGISTRAR

DATEVIAR 1 0 '60

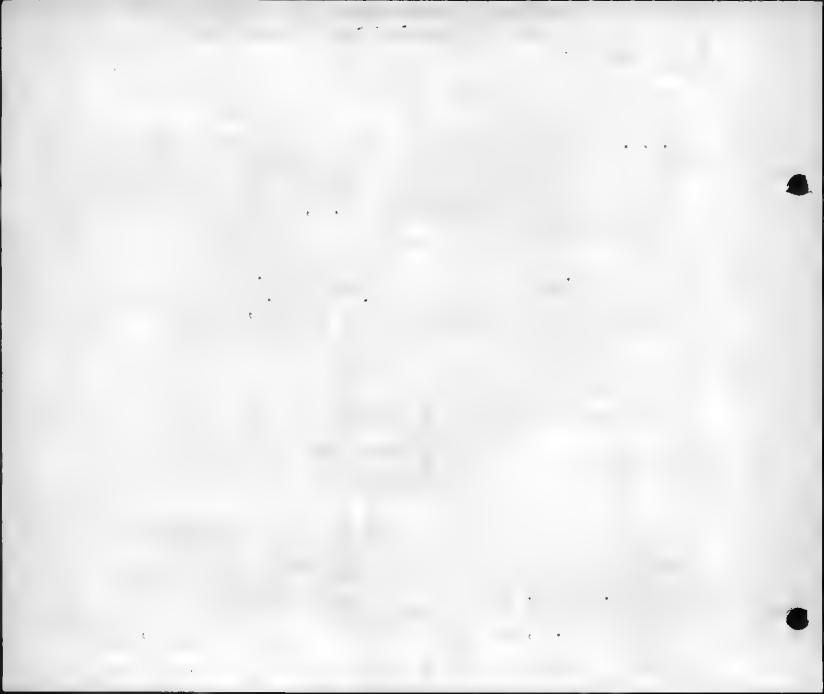
24b. REGISTRAR'S SIGNATURE

Certify S. Threes

DECEASED (Type or print) 5. SEX Male 10a. USUAL OCCUPAT during most of worl None 13. FATHER'S NAME W11115. WAS DECEASED B No 18. CAUSE OF DE PART I. DE Conditions. gove rise to imm DUE TO (o), stating the underlying couse last (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES 🟋 NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Port 11 af item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Not while o. m. at work di ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X, and find that Inspection death resulted fram: Natural causes Accident Suicide Hamicide Undetermined cause DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER EXAMINER'S Dr. Earl L. Royer DEPUTY MEDICAL EXAMINER 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d LOCATION (City, town, or county) (Stote) Burial Mar.10,1960 Wicomico Memorial Park Salisbury Maryland **ADDRESS**

SALISBURY MARYLAND

VS. A15ME(5) 5M 9/55



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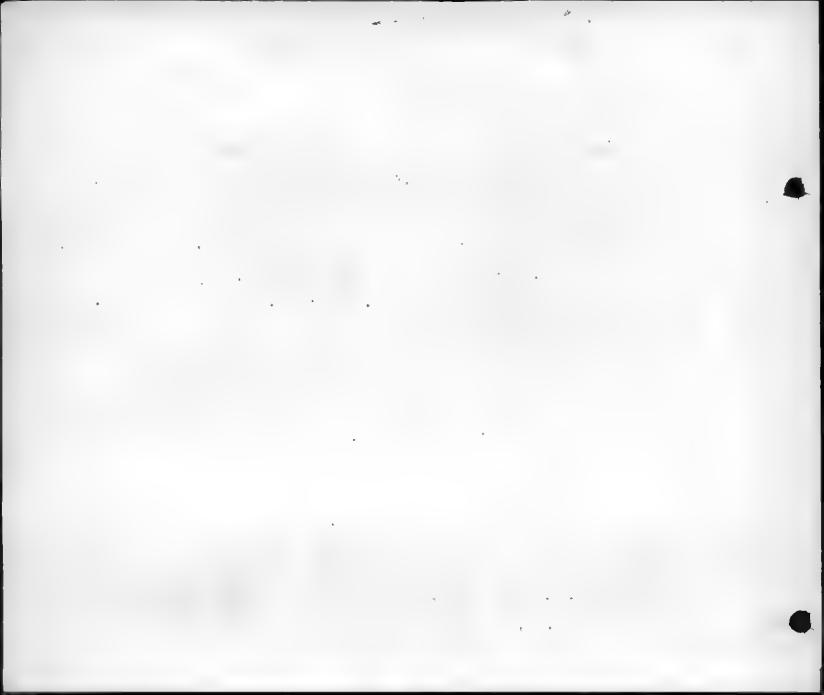
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1, PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence by . STATE b. COUNTY	pefore admission)						
WICOMICO	MARYLAND	Maryland Wicomic	0						
 b. CITY OR TOWN (If autside corporate limits, RURAL and give nearest town) 	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give							
Salisbury	31,30 days	/d Salishury							
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	e street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
Deer's Head Stat	e Hospital	LOS Davis Street	YES NO						
3 NAME OF First DECEASED (Type or print)		Lost 4. DATE Month OF OF TITLE DEATH Menth	Day Year						
UEO UEO	rgia Anna	HOLE PARCH	28 1960 EAR IF UNDER 24 HRS						
5 SEX 6. COLOR OR RACE 7		B DATE OF BIRTH 9. AGE (In years IF UNDER TY lost birthdoy) Months Da							
	WIDOWED DIVORCED	1-17-73 87 yn.							
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired)	ne 106 KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT COUNTRY?						
unknown			U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
George W. H	umphreys	Leah E. Gray							
15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. H	NFORMANT Deer s. Head Records Address	37- 0-21-						
unknown	Irs	Pauline H. Tignor-434 Md Ave	Norfolk						
18. CAUSE OF DEATH [Enter only one cous	se per line for (o), (b), and (c)		INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bronchopneumonia 7 days								
4914 DUE TO									
Conditions, if ony, which)									
gove rise to immediate									
couse (a), storing the under-									
	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1	ATTO WAS AUTOPSY						
¥1	sclerosis, general		PERFORMED?						
20g. ACCIDENT WAS UNDERLYING 2		D. (Enter nature of injury in Part I or Part II of item 18.)	<u></u>						
20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c. TIME OF INJURY Month, Day, Year	1 6-	ACE OF INJURY (Home, farm, 20f (City or town) (Courtory, street, office bldg., etc.)	nty) (Stote)						
20c. TIME OF INJURY Month, Day, Year Hour a m, p, m. 19	While Not while to work of work	story, street, office blogs, etc.)							
21 Leartify that (1) (this hasnital)	attended the deceased from	11/6/50, 19 1.to 3/28 19.60	that (I) (we) last						
saw the deceased alive an		death accurred at 1:30, from the causes and an the d							
220 SIGNATURE	and the state of t		22b.DATE						
VV14	while.	M.D. PHYS DIRECTOR PHYS.	SIGNED						
22c PHYSICIAN'S NAME (Type)		22d. ADDRESS Deer's Head State Hos	oital						
L. V. Ma	ldve, M. D.	Salisbury, Maryland	•						
230 BURIAL, CREMATION, 236 DATE THEREOF REMOVBURIES Mar. 30.	23c. NAME OF CEMETERY O		(Stote)						
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNA							
HOLLOWAY & COMPANY		OTA AND							
TOTAL OF COSTENIATE	, write to the little	DATEMAN 31 '60 Cather & #C	-44						

10 VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03951 CERTIFICATE OF DEATH Reg. Dist. No. with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) the funeral directions should be filled **b.** COUNTY MARYLAND WICOMICE haurs after death. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LAURE ALISBURU d. NAME OF HOSPITAL (If not in haspital, give street address) Private d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? RDY NR Shiloh Street home YES W NO NAME OF DECEASED Middle 4. DATE OF DEATH (Type or print) 650 1940 JOHNSON 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 9 Months Doys Hours WIDOWED F DIVORCED [popers. YIS. 100 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 111, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OWN + cust wife home ENNSHIVANIA 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME Mary Duffy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY MC let U. Zeen IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day. Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg, etc.1 o. n. Not while at work Of work p. m. 21. I certify that I attended the deceased from.... 20, 1962, that I last sow the deceased and that deoth occurred at M, from the causes and on the date stoted above. ADDRESS (Street, city or fown, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ZWAYE 23. FUNERAL DIRECTOR'S SIMPLATURE **ADDRESS** 245. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Circles S. Frank VS A15 (4) 15M 9/55 DATE MAR 2 4 160



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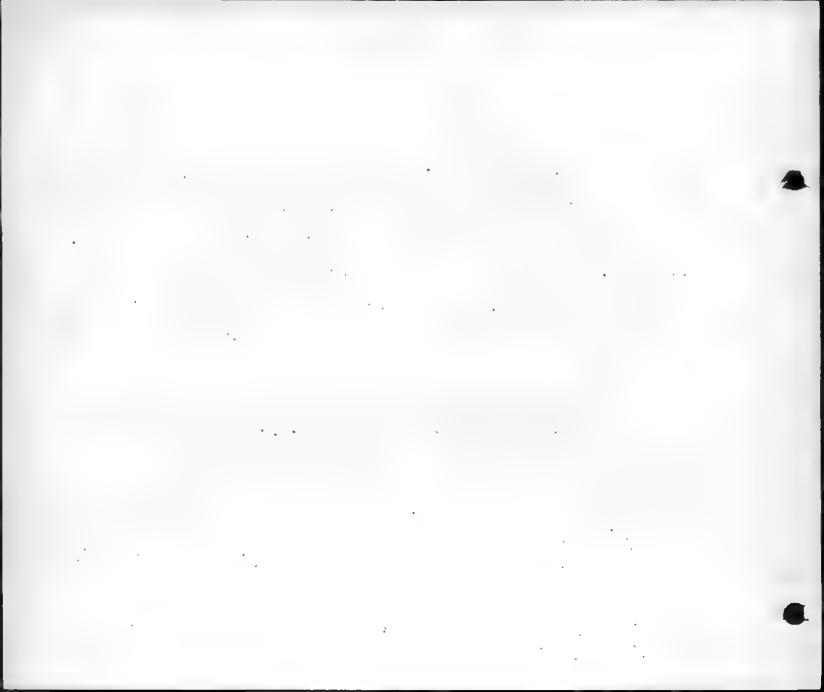
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CERTIFICATE OF DEATH

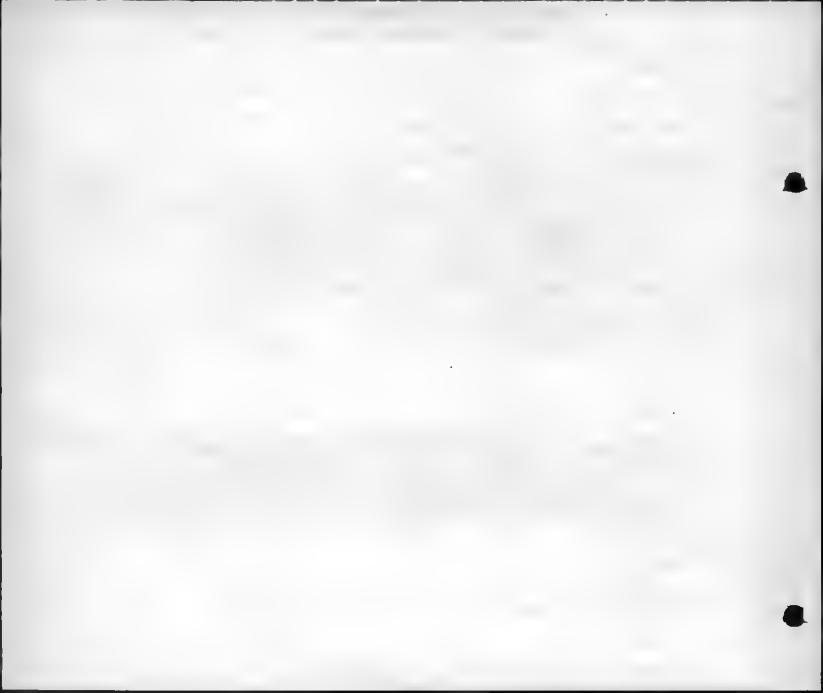
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C. U. W	ensus	. bi	v∺lve. Mai	rvlar	d DATE A	MAR 7 '6	50 C	Thung 2	1. The	u.A	
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shauld b		1.	PLACE OF DEATH o. COUNTY William COW CO MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY COW CO MARYLAND D. STATE D. COUNTY COW COW COW COW COW COW COW CO
Page 4			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give georet form) The Kin
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dela yaur fi		3.	NAME OF DECEASED (Type or print) Barnetta Lee Larmare OF DEATH 3 1/ 1940
3 to the coined for with the re			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 3-2-63 9. AGE [In year IFUNDER 1YEAR IF UNDER 24 HRS
and 3 be reta		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY
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ited wit 18. Grin PM3 m PM3 permit.			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL RETWEEN ONSET AND OF OH STATE OF DEATH (Enter only one couse per line for (a), (b), and (c).]
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Pe in a			206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.)
INER: This the ward dical Exam a 3 shauld		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While Not while of work at work at work
Madi Medi			21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find the
At E. Wri			death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .
MEDICAL rifficate, v to the Chi DIRECTO	N° =		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
the ceromanded frungs AL	pt		EXAMINER'S EXVILAGOTE DEPUTY MEDICAL EXAMINER 37-11-60
forw forw or re			BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF GEMETERY OR CREMATORY 72d. LOCATION (City, town, or county)
VS. A15ME(5)	2.0	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE
5M 9/55	1	=	DATE MAR 15'60 Gallery 9 House



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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L	4009	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	,
1	PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND	2 USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived. If institu and b COUNT	tion, Residence before admission W1COM1CO	on)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give names town).	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		RURAL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospitol, give street odd OR INSTITUTION Pen Gen Hospital	ress) R.1	d STREET ADDRESS / 622 I	Dover St	e. 15 RESID ON A F YES	ARM?
3	NAME OF DECEASED (Type or print) JOSEPH	HERMAN	LAYTON		RCH 23rd 15	60
	Male White WIDOWED		b date of birth July 9,1887		Months Days Hours	24 HRS Min.
		id of Business or Indu ate Roads I	Pitts	sville, Md	USA	OUNTRY?
	William Thomas Layton			Lizabeth Far		
1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC Yes. nooc.unknown) (f yes, give war or dates of service)	CIAL SECURITY NO.	rs. Amanda E. Salisbury	Layton(Wife	5)622 Dover	St
2011	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost (c) PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal Disease condition G	IVEN IN PART I(o) 19 WAS AL PERFORI	MED?
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	ACTUAL SIGNATURE COLORS	e, and that death	M.D	M, fram the causes a	nd on the date stated on the date stated on the date stated Mar.	abave. signed /19
2	PHYSICIAN'S Dr. Wilber R. Ell: 20. BURIAL, CREMATION, 22b DATE THEREOF REMBURIAS (Special) Mar. 25, 1960	Co. NAME OF CEMETERY O	Medical (R CREMATORY Stery-Walste	22d. LOCATION (City, town, pm-R.D. Parse	1 sbury, Maryl or county) (Stote) onsburg, Md.	
	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRES\$	24a. REC'I	D BY REGISTRAR 24b REG	SISTRAR'S SIGNATURE DITHUM & KINA	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL DIRECTOR:

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requires that the death certificate be executed



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03956 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessary, please exertor. Page 4 shauld be cremation, Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY . o. STATE **b.** COUNTY MARYLAND Marvland Wicomico Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and size necess town Hebron Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS . IS RES DENCE ON A FARM? YES NO Peninsula General Hospital Route 3. NAME OF **Eicst** Middle 4. DATE 0 losi Month Day Year DECEASED (Type or print) DEATH 3-1.7-60 Lewis 19 Deborah Anne S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF SIRTH 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. last birthday) Mîn. Dava Hours WIDOWED [DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 2000 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages oge 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address (If yes, give war or dotes at service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: Broncho-pneumonia Hours IMMEDIATE CAUSE (a) pencil in Item alang with far burial-transit **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. pending in PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY S CERTIFICATION PERFORMED? used YES PA NO [20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of item 18.) shaufd 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ertificate, writing the wa I to the Chief Medical E. L DIRECTOR; Page 3 sha factory, street, office bldo., etc.) While Not while p. m. of work of work p. m. 21. I certify that I taok charge of the remains described above, held an Autopsy PA Inspection -Inquiry [A] and find that death resulted from: Natural causes 7. Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to FUNERAL I ASSISTANT MEDICAL EXAMINER 🗍 remayal 3-21-60 DEPUTY MEDICAL EXAMINER [X] NAME (Type) Rover. Earl 220. BYRIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. (OCATION (City, town, or county) (State) REMOYAL (Specify) O 60

ADDRESS

240. REC'D BY

DATE

E GISTEN

24b. REGISTRAR'S SIGNATURE

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VS. A15ME(5) SM 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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MADVIAND	STATE D	EDADTMENIT	OF HEALTH	RAITIMODE	15
HAIL I BAILE			1	BALTIMORE,	

CERTIFICATE OF DEATH

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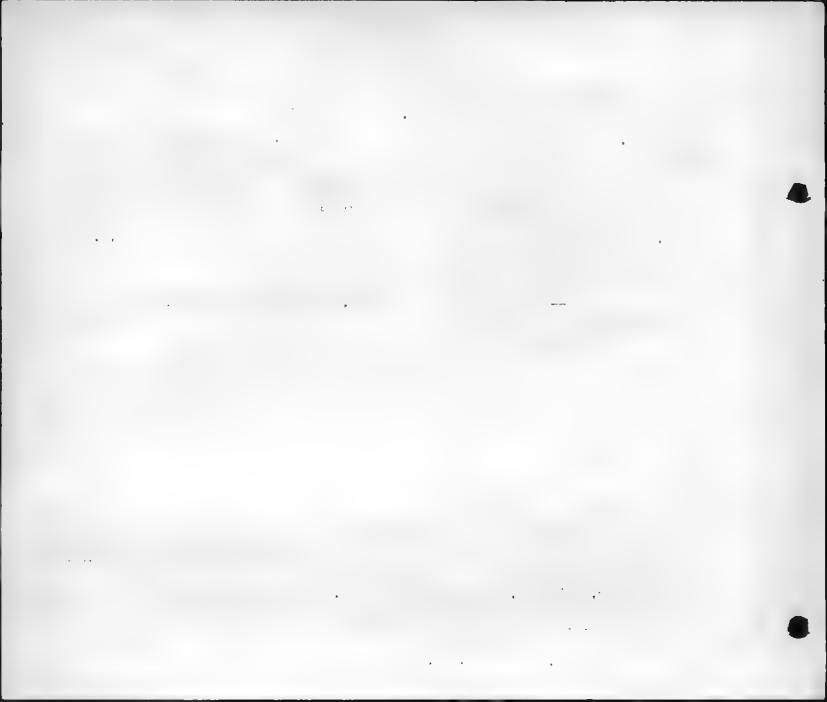
Reg. Dist. No. 1, PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE MARYLAND Wicomico Maryland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) Cambridge 28 Yrs Salisburv d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE John B. ON A FARMS Parsons Home YES NO T NAME OF DECEASED Middle DATE First Year OF DEATH (Type or print) 19 60 $TD\Delta$ LOUISE MEEKINS 5. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months Doys Hours White Oct. 5,1868 Female DIVORCED T WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Nurse

Nurse

Naryland 12. CITIZEN OF WHAT COUNTRY? U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Pfister Carrie Noah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address John Parsons Home Records. Same None no 18. CAUSE OF DEATH [Enter only one couse per type for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IC DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) (Stote) factory, strest, office bldg., etc.) Hour o. m. While Not while of work of work 19 Q, ta 1960 that I last saw the deceased 21. I certify that I attended the deceased from. 0 and that death accurred at 19,30° M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED 7-1960 ACTUAL SIGNATURE PHYSICIAN'S Dr. Philip A. Insley East Main St., Salisbury, M_ryland 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial Cambridge, Maryland Cambridge Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Orthun S. Fraus DATMAR 9 Hill & Johnson Co. Salisbury, Maryland

burial-transit 3 should be detached for DIRECTOR: FUNERAL pode

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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1		IFIC/	ATE OF DEATH				Reg. Dist. No.					
	1. PLACE OF DEATH o. COUNTY	Vicomico		MAR	YLAND	2 USUAL RES o. STATE	Mary		ed. If institution b. COUNTY	* * * *	efore odmi	
	6 CITY OR TOWN (IN RURAL and Bive no (Rural)	outside corporate limi prest lown) Delmar	its, write	c LENGTH OF STAT	/ IN 15	c. CITY OR	TOWN (IF OU		limits, write RUF	RAL and give	nearest fow	rn)
	OR INSTITUTION	R.D.# 3	jive street a	ddress)		d. STREET	R.D.	# 3			e. IS RE ON . YES [SIDENCE A FARM? NO [
	3. NAME OF DECEASED (Type or print)	LYD]		Middle FRAN		MI	LLS	4. DATE OF DEATH	MARCH	16t	Day h	Yeor 19 60
l	s. sex Female	White	WIDOWE		ED 🔲		3, 18	78 '	82 yrs	Months De		Min.
	100. USUAL OCCUPATION during most of work House	N (Give kind of working life, even if retired NOPK	dane 10b. K	None	OR INDU			r foreign count	Ma ryl a			T COUNTRY
	o. father's name	s Hatton				Mart		_{me} en Ken	nerly			
	(Yes. no. or unknown)	IN U.S. ARMED FOR		OCIAL SECURITY NO	Mr	Talbo Sal		Mills(v. Mar	Son) dd S	pring	H11	1 Rd
18. CAUSE OF DEATH [Enter only one couse per lise for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c)							NTERVAL BONSET AND	ETWEEN DEATH				
	5	ER SIGNIFICANT CON								V IN PART 1(o	PERF	AUTOPSY DRMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY O								
	ZOc. TIME OF INJURY Hour o. m. p. m	Month, Day, Ye	While of work	Not while of work	foc	ACE OF INJURY tory, street, office	(Home, form, e bldg., etc.)	20f. (City or	lawn)	(Coun	ly) 	(State)
	21. I certify that I attended the deceased from											
		r.L.V.Sel				Delma		arylan		r == == == == == == == == == == == == ==		/
	REMOVAL ISPECIAL BUTTEIL	Mar.19,	- 1			etery	1	Hebro	i (Cily, town, or mar, Mar	yland	(Sto	le)
- 1	HOLLOWAY		SA	ADDRESS LISBURY	MAR	YLAND		BY REGISTRAR R 2 1 '60		RAR'S SIGNA	, _	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03960 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4013 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Wicomico b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DoAd. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? DEHRAT 3. NAME OF 4. DATE Middle Month Day Year DECEASED (Type or print) 235iE DEATH 1960 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. ant birthday] Months WIDOWED [Z DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDUSTRY SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER 5. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause par line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 12. え MMEDIATE CAUSE (o) **DUE TO** Selevosis Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS Y CATION PERFORMED? YES T NO ₩ CERTIF 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20r. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)

O. m. p. m.

Not while While of work of work

fectory, street, office bldg., etc.

deoth resulted fram: Natural couses 14.

Accident |].

21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 4 Suicide . Homicide . Undetermined couse

Inquiry Q, and find that

ACTUAL SIGNATUR

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Type)

220. BURIAL, CREMATION, 226, DATE THEREOF

22c. NAME OF CEMETERY OF CREMATORY

DEPUTY MEDICAL EXAMINER 22d., LOCATION (City, town, or county)

(Stote)

VS. A15ME(5) 5M 9/55

to the Chief Medicol DIRECTOR: Page 3:

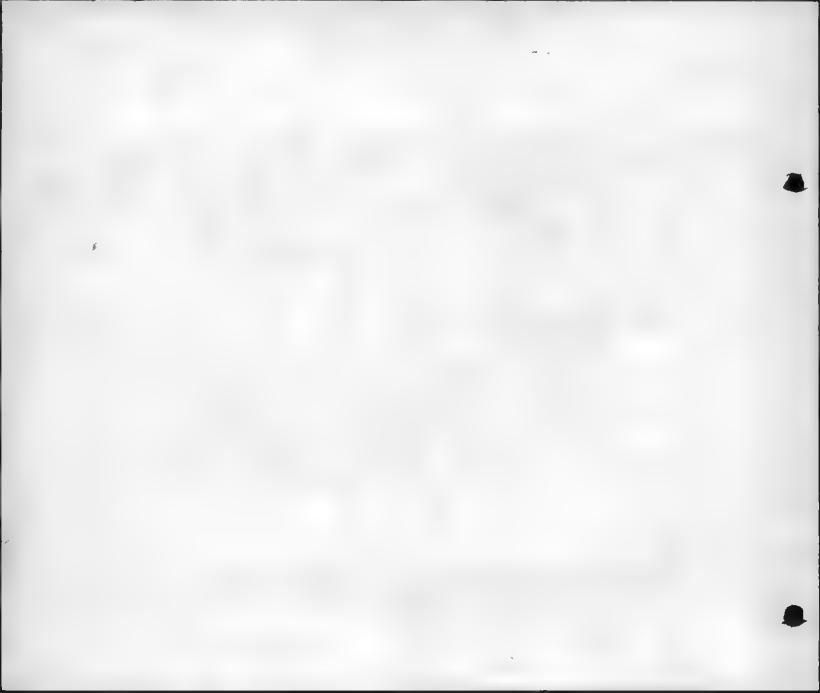
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Pages

UNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE withing & Thousa



ADDRESS

03961

e IS RESIDENCE

Day

Doys

(County)

24b. REGISTRÁR'S SIGNATURE

Catilar & Kraus

24g, REC'D BY REGISTRAR

DATE MAR 1 4 '60

ON A FARM?

YES T NO P

Year

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO

(Stole)

DATE SIGNED

(Stole)

page

23. FUNERAL DIRECTOR'S SIGNATURE

YS A15 (4) 15M 9/SB



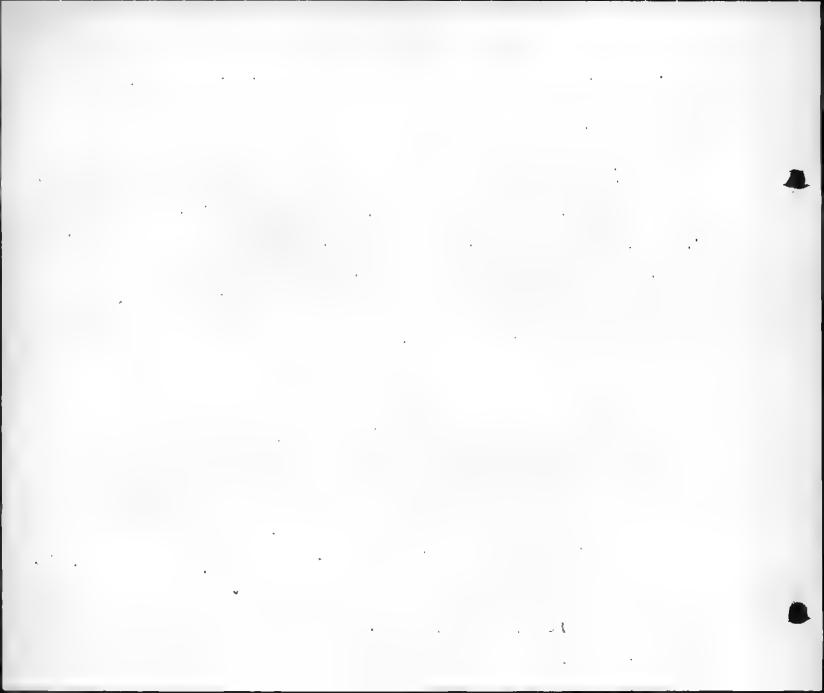
VS A1S (4) 1SM 9/5B

MARYLAND	STATE	DEPARTMENT	OF HEALTH	-BALTIMORE,	18
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CERTIFICATE OF DEATH

03962 Don Diet Ma

Q		Reg. Dist. No.		
)	1, 1	PLACE OF DEATH 5. COUNTY W (C.C. M) (C.C.) MARYLAND	2. USUAL RESIDENCE (Where deceased lived if institution of STATE Mary and b COUNT	
	S	c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If dutside corporate limits, write	RURAL and give nearest town)
2	2	d. NAME OF HOSPITAL (I not in hospital, give street address) OR INSTITUTION LEAD TO SULVE GENERAL Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED First Middle (Type or print) Henry J. SEX 16. COLOR OF RACE 7. MARRIED NEVER MARRIED	Nelsen DEATH MOI	onth Day Year 1960 1 1960 If UNDER 1 YEAR IF UNDER 24 HRS.
	/	MCE/E White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	Nov. 10,1873 86 yrs	Months Days Hours Min
*	Re 13.	etined tarmer Farming FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME	4, S. A.
Ì	IS (Yes	WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1, no, or unknown) (If yes, give war or dates of service)	Informant Bozma	Idress .
		1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY PART II. DEATH WAS CAUSED BY PART III. DEATH WAS CAU	HEART DISEAS 1 - H. (1)	CISÓN INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if ony, which gove rise to immediate couse (a), stating the under-	istive Failure	
2.	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 2-7-4-1-1-5 ()	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION G ALL STY IC DICTUTE 10 LL RED. (Enter nature of injury in Part I or Part II of I'em 1B.)	IVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES 1 NO 1
	MEDICAL CER		PLACE OF INJURY (Home, farm, 20f (City ar tawn) roctory, street, office bldg., etc.)	(County) (State)
		21. I certify that I attended the deceased from. Flore address of the control of	77%	that I last saw the deceased and an the date stated abave.
,		ACTUAL Thereus 1. Itelt.	M.D Pile Did Co	n, state) DATE SIGNED
1	220	PHYSICIAN'S NAME (Type) BURIAL, CREMAT ON. 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d LOCATION (City, fown	, or county) (State) ,
3	R	REMOVAL (Specify) 3/19/60 ST, Andre	ews Cemeter Princess	Anne, Md,
	ば	Corin R. Wilson, Brincon am	m. md / DATMAD 2 1 160	04



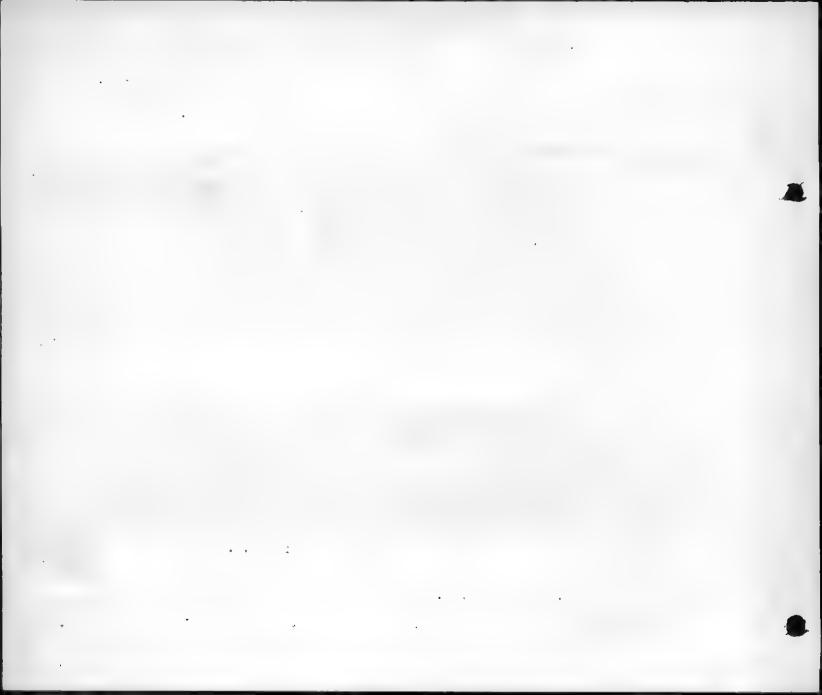
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

03963

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		LACE OF DEATH					2. USUAL RESID	ENCE (Wh	ere decease	d fived. If institution	in Residence	e befare o	dmission)		
	Wicomico				MAR	Maryland b. county Queen Anne's									
	b	. CITY OR TOWN (If RURAL and give nec	autside carporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If a	utside corpo	rate limits, write RI	JRAL and gi	ve nearest	fawn)		
	Salisbury			31 days Chestertown (R.F.				wn (R.F.I	.D. #1) /.						
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION					d. STREET A	d. STREET ADDRESS			_	e. IS RESIDENCE ON A FARM?				
1		Deer's Head State Hospital						YES NS							
	3, 1	NAME OF DECEASED	First		Middle		Los	t	4. DATE	Man	th	Day	Year		
		rpe or print) Anna		Rebecca		Nickerson		DEATH 3			24 19 60		0		
	5	EX	6 COLOR OR RACE 7. MAR		RIED NEVER MARRIED		B. DATE OF BIRTH					INDER 24 H			
	Z	F	C	WIDOWI	DIVORCE	D	h-21	-85		71 yrs	Manths (Days H	ours Mir	i.	
	10a	USUAL OCCUPATION	N (Give kind of work	done 10b	KIND OF BUSINESS O	OR INDUS	TRY 11 BIRTHPL	ACE (State	ar fareign o	ountry)	12.CITIZ	EN OF WI	IAT COUNT	₹Y1	
			lousewife				Ma	rvlar	rd			U.S	5.A.		
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME														
	Frank Tower Mary Frances Touck														
	15	WAS DECEASED EVER		RCES? 16	SOCIAL SECURITY NO	17, IN				Records ^{Add}	·ess				
		inknown .	ryes, give wor or doves or :	service)	NONE										
	[1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]											INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism													18 hrs.		
	465 X DUE TO											TO HES.			
		Conditions, if an	v which \												
		gove rise to in	mediate DUE TO	,								1			
		lying cause last.													
	Z	PART II OTH	ER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	T I(a) 19. WAS AUTOPSY			
>	ATE	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE Cerebral thrombosis due to arteriosclerosis										PERFORMED?			
r	TIFIC	200 ACC DENT WAS	UNDERLYING [20b DES	CRIBE HOW INJURY C	CCURRE). (Enter nature a	f injury in I	Port I ar Par	t (I of item 1B)			-		
	Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II Cerebral thrombosis due to arteriosclerosis 200 ACC DENT WAS UNDERLYING 201 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)														
	CAL	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. I	NJURY OCCURRED		CE OF INJURY			or lawn)	(C	ounty)	(Ste	ate	
	MEDICAL	Haur a m. p. m.	19	White at war	Nat while	lac	tary, street, affice	bldg., etc	-,)						
	`		(I) (this harnita	l\ attana	led the deceased	faces	2-22	10	60 10	3-24	10 6	O that	IIV Juan V. I		
		, , , , , , , , , , , , , , , , , , ,	* * * * * * * * * * * * * * * * * * * *		1. 60					-					
	saw the deceased alive an 3-24 150, and that death occurred at M, from the causes and an 220 SIGNATURE 3:30 a.m.												22b. DATE		
			Ville	ru	au.		M.D PHYS.	G [] AM	ED RECTOR	STAFF PHYS			3-21516	E	
1		22c PHYSICIAN'S					22d. ADDRE			Head Stat	e Hos	nit al			
/		NAME (Type)	V. Jue	rman			ry, Md.		<u></u>						
	23a	BUR AL CREMATION			23c NAME OF CEN	AETERY O	R CREMATORY			TION (City tawn,	ar caunty)		(State)	-	
		HENDY LOPecify	3/27/60	0	Rich Ne			m.		Church F		19	id.		
	24	FUNERAL DIRECTOR'S	-	/	ADDRESS			250. REC'	D BY REGIS		STRAR'S SIG				
	1	Dermett	- Walls	n	Chester	ctow	n, Md.	DATE	AR 2 8	60	rthun S.	Hear	L		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 40:7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

03964

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1. PLACE OF DEATH a. COUNTY	Wicomi	20	MARYLAND	2. USUAL RESIDENCE (S		b. COUNTY	
b. CITY OR TOWN III	outside corporate finish, write i		c. LENGTH OF STAY IN 1b		ryland	mits, write RURAL and	COMÍCO
and give recrest town			P 7	13	·	min, with nonne one	S Bise section sound
Salisb	LUTY AL OR INSTITUTION (IF	ant in hori	Le la	Salisbi	ury	· · · · · · · · · · · · · · · · · · ·	e, IS RESIDENCE
	_		pirai, giye street dodress)	1.7		-	ON A FARM?
	enkins La	ne		106		Lane	YES NO
3. NAME OF DECEASED (Type or print)	Herman		Middle Pars	lost	4. DATE OF DEATH	Month 3-21-60	Day Year 19
5. SEX	6. COLOR OR RACE 7	MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9. AGE	44 4 4	TYEAR IF UNDER 24 HRS.
M	l c l	WIDOWED	DIVORCED [1-10-1		OE yes. Months	Days Hours Min.
100. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
during most of working	g life, even it refired}		21-11.	Wiceme			USA
13. FATHER'S NAME	<		<u> </u>	14. MOTHER'S MAIDEN I			<u> </u>
	,			meanie	1-1-cel	7 -	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE	ES? 16. 5	SOCIAL SECURITY NO. 17. M	IBORMANT /	7 /-200	Address	
{You, no, or unknown}	(II yes, give war or dates of sec	rvice)	lone_ {	mma	Jan	oone	
	TH [Enter only one cause	per line f	or (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	H WAS CAUSED BY:	Lor	DOG VYBOD	105100			Suddon
500	/ DUE TO						
Canditions, if a	1 /						
gave rise to immed	liate cause				· · · · · · · · · · · · · · · · · · ·		
(a), stating the s	(c)_						
Z PART II OTH		ITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE COND	ITION GIVEN IN PAR	T 1(a) 19 WAS AUTOPSY
CATIO				·			PERFORMED?
200. EXTERNAL CAL PRIMARY OF CON CAUSE OF DEATH.	ISE WAS 20b.	DESCRIBE	HOW INJURY OCCURRED, (E	nter nature of injury in Par	rt I ar Part II of item	18.}	
20c. TIME OF INJUI	Y Month, Day, Year	20d. II	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n. 20f. (City or town	(Cou	unty) (State)
Heur a.m.	19	While of wor	Not while	ry, street, office bldg., etc	4		
		<u> </u>	emains described aba	re held an Autons	y , Inspect	ion Tr. Inquir	y 📆, and find that
	fram: Natural co			cide, Hamicide		mined cause	, TWO and this this
ACTUAL SIGNATURE	£ +1.	VL		M.D. CHIEF MEDICAL E	XAMINER []		DATE SIGNED
			/	ASSISTANT MEDIC	AL EXAMINER		
EXAMINER'S NAME (Type)	Tam T	Darre	m RE D	DEPUTY MEDICAL	EXAMINER	3-25-6	0
220. BURIAL, CREMATIO	N, 226. DATE THEREOF	Roye	22c, NAME OF CEMETERY OR			ity, fown, or county)	(State)
REMOVAL (Specify)	16	60	\$000051-0	000	7000	2011	- mid
23. FUNERAU DIRECTOR			/ ADDRESS	240. REC	D BY REGISTRAR	24b. REGISTRAR'S ST	NATURE A
/ Tan	Do 800-	rol	ant	240. REC	AR Egster	Circula 2	, Youkum
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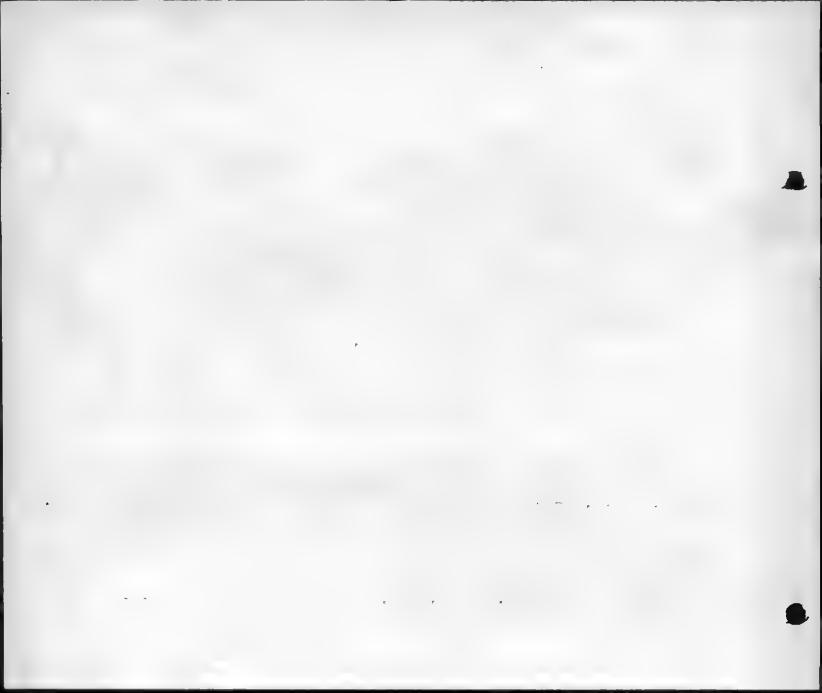
VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4040 cemation Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH o. COUNTY e. STATE b. COUNTY MARYLAND Wicomico Wicomico b. CITY OR TOWN (If publide corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give neorest lown) ... X Y d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Route 3. NAME OF Middle 4. DATE Lost Month DECEASED OF (Type or print) DEATH Bruce Richardson 5. SEX P. AGE |In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. fast birthday) WIDOWED [7] DIVORCED T 五 yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Broncho-pneumonia IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS ő 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not while 0. m. of work of work p. m. formorated to the Chief Medio o FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy X Inquiry 1. Inspection death resulted from: Natural causes [X]. Accident . Suicide . Hamicide . Undetermined cause ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 3-11-60 M.D. DEPUTY MEDICAL EXAMINER Earl L. Royer. NAME (Type)

22c, NAME OF CEMETERY OR CREMATORY

ADDRESS

Vs. A1SME(S) SM 9/55

220. BURIAL, CREMATION, 226. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town, or county)

24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur S. Krous DATE

03966

e. IS RESIDENCE ON A FARM? YES INO M

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

2 days

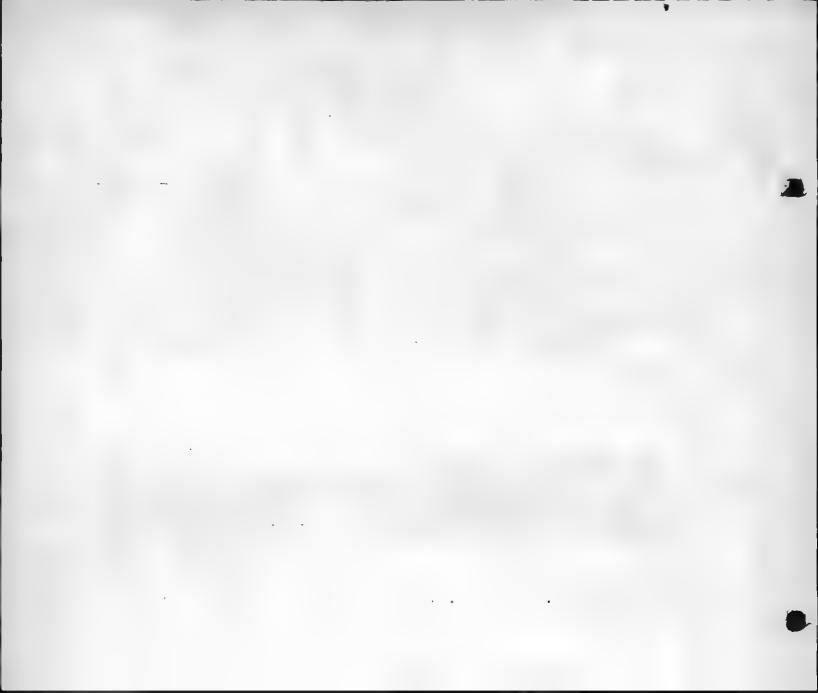
PERFORMED? YES X NO

DATE SIGNED

(Slote)

(Stote)

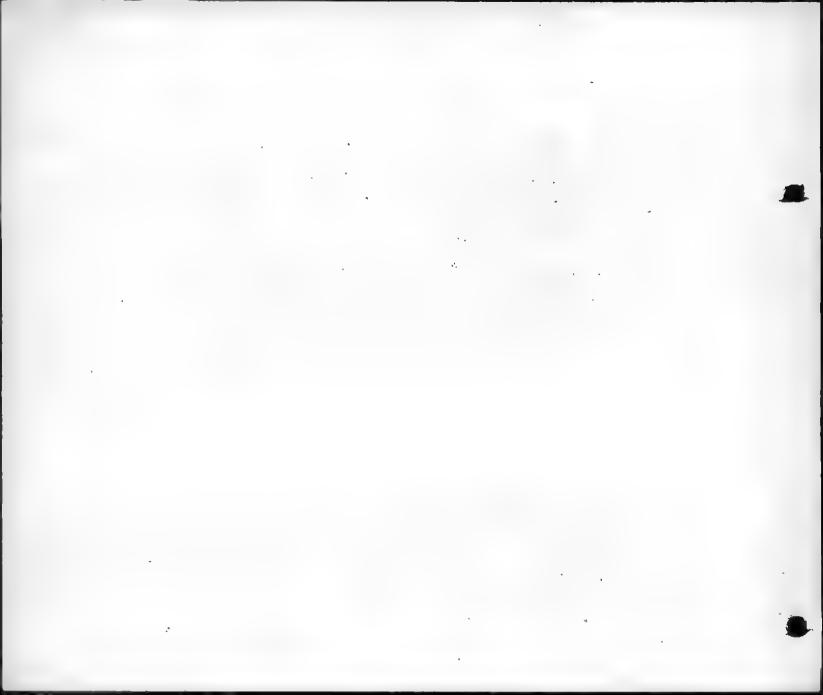
Day

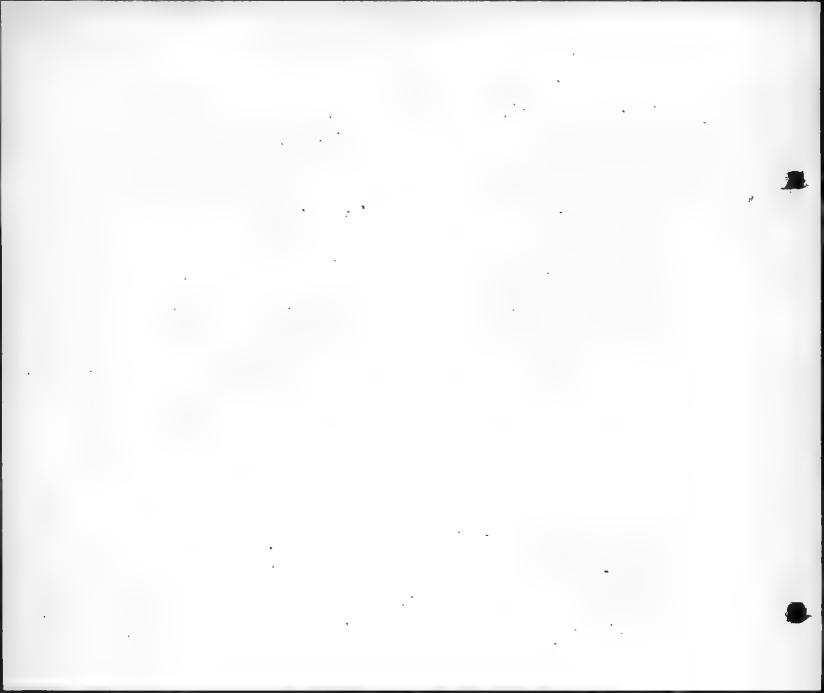


15M 9/58

DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





VS A15 (4) 15M 9/58

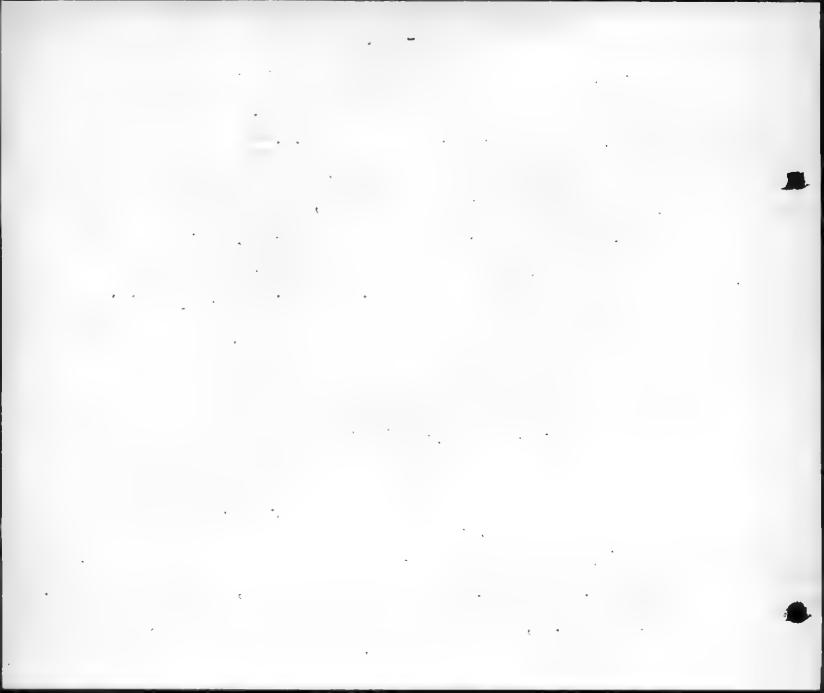
HOLLOWAY & COMPANY

	MENT OF HEALTH—BALTIMORE, 18
4021 CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH .	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY, WICOMICO MARYLAND	O STATE
b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest fown)
Salisbury	X Parsonsburg
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS e. IS RESIDENCE
Peninsula General Hospital	R.D.# 1
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LUCY CINDY	C/ 1)1 9F. 00
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	J110-17169 11101-011. Que 1160
To and a land of the second of	Months Days Hours Min
00 USDAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	
House Work None	Wicomico Co.Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Unk) Hearm	(Unk) Foskey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes. no or unknown) (If yes, give war or dates of service)	ir. Norman P. Shockley (Son B.D.#
No	Parsonsburg, Maryland
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
HOLLY DUE TO	
	15 ht branches a marriage 48 hours
gove rise to immediate	ight bromcho phomonia " "ours
cause (a), slating the under-	V
lying cause last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 Severe generalized a	r the o Seleroses YES NO [
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY Server Sence of Server and Server an	RED. (Enter nature of injury in Port I or Port II of item 18)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of work of work of work	factory, street, office bldg., etc.)
	101111111111111111111111111111111111111
21. I certify that I attended the deceased fromX//	APC 41960, to County, 19, that I last saw the deceased
alive on AAM TOTAL IT, 19 CCD, and that dea	th occurred at 10 PM, from the causes and on the date stated above.
ACTUAL DELLE SALL	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE / SINT / //// Lers	_M.D
PHYSICIAN'S De Dobant Adles	19/2 Thought I am 3 Manual am 3 Manual 60
PHYSICIANS Dr. Robert Adkins	Fruitland, Maryland 23 Mar.60
220. BLRIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
Burial Mar. 26, 1960 Parsonsbur	g Cemetery Parsonsburg, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATMAR 2 4 '60

Cirkbur S. Kraus

SALISBURY MARYLAND



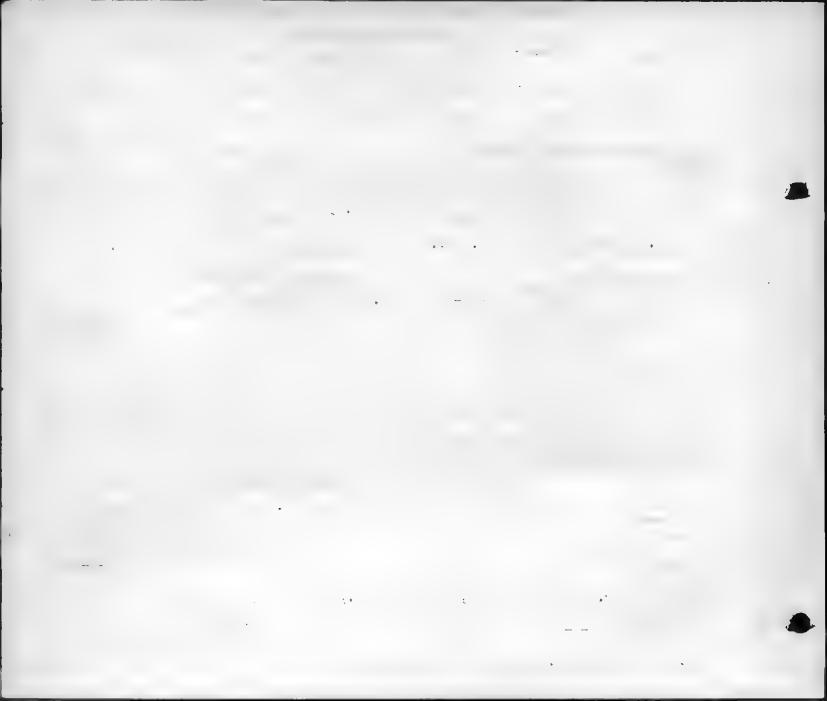
022	CERTIFICATE	OF	DEAT
11.47			

03	9	1	1
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~	_		4032	•	CERTIFIC	ATE OF DEA	In		Reg. Di	st. No.	(- 0
		PLACE OF DEATH				2. USUAL RESIDENCE	(Where decease	d lived. If institut			dmission)
		Wicom	ico		MARYLAND	Maryla	ınd	D. COUNT	Wilc	omico	
l		b. CITY OR TOWN	N (If outside corporate limi	is, write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rote limits, write I	RURAL and p	give neares	town)
			Salisbury] 3	Day	X Parson	sburg				
ľ		d. NAME OF HO	SPITAL (If not in hospital in	ive street oddress)		d. STREET ADDRESS				0. 5	S RESIDENCE
ĺ			sula General	Hospital							ES NO.
	3.	NAME OF DECEASED	Fir	at	Middle	Lost	4. DATE	Mo	nth	Day	Yeor
I		(Type or print)	GEORGE		HENRY S	ICKLES	OF DEATH	3		5	19 60
į	5. :	\$EX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			UNDER 24 HE
l		Male	White	WIDOWED []	DIVORCED [Aug. 8, 1891		lost birthdoy)	Months	Doys H	ours Min
ŀ	10a	. USUAL OCCUPA	ATION (Give kind of work	done 10b. KIND OF	BUSINESS OR INDU		ole or foreign o	ountry)	12. CIT	IZEN OF V	VHAT COUN
			working life, even if retired Ngineer	U.S.	Corr	More To				77 6 /	
	13.	FATHER'S NAME	ETHEEL	UaDa	COV	14 MOTHER'S MAIDE				U.S./	-
		E	74 -1-7				**				
	15		SICKLES EVER IN U. S. ARMED FOR	CESS IA SOCIAL	SECURITY NO. 17	Euplinemi	a Hen	derson.	dress		
	ĮΫ́α	1, no se unknown!	none	143-10		s. Helen Sic	kles- S				
	-	1.0 0.000 00								LIN (PPRI)	A. 000011501
			DEATH [Enter only one co DEATH WAS CAUSED BY:	Puse per line for (o)	, (b), ond (c)]	1:10	//			ONSET	AL BETWEEN
			IMMEDIATE CAUSE (o	- //	recui	as mya	well	3		10	ic Ly
		421	DUE TO			/					
		Conditions, i)							/
		couse (o), stoli	ing the <u>under:</u> DUE TO								
	,	lying couse lo	, (1							
4	CATION	Part II.	OTHER SIGNIFICANT CON	IDITIONS CONTRIBL	ITING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION G	VEN IN PAR	F	ERFORMED?
										YE	S NO
	CERTIFI	OR CONTRIBUTE	WAS UNDERLYING []	20b. DESCRIBE HO	W INJURY OCCURR	ED (Enter noture of injury	in Port I or Por	t II of item 1B.)			
	Į,	(IF EITHER, NOT	IFY MEDICAL EXAMINER)								
	Ş	20c. TIME OF IN	and the second s		4.	LACE OF INJURY (Home, I octory, street, office bldg.,		or lown)	(¢	County)	(Slot
	MEDI	p.	10	of work of	1 AA 6 4 1 6 45						
		21. I certify	that I attended the	deceased from	1 Trkes	19. 8. to	3/1	1900	Othor 1	last saw	the deced
		alive on	3/5	1000		h occurred at	M feet				
		4	1		Julia sirai acai	11 00001100 01		treet, city or town		na dore	DATE SIG
		ACTUAL	Cul [[]	1111114	COL,	Salisbu	ıry, Mar	wland		3-7	-1960
		SIGNATURE	Carried S			. M.D		<i>J</i>			=/.7.
		PHYSICIAN'S NAME (Type)	Dr. Earl Be	ardelew .	Mamuland	Ave. Salis	harme M	haelwa			
	220		TION, 226. DATE THEREO		AME OF CEMETERY			TION (City, fown			(24-1-)
	``	REMOVAL (Spec	3-9-1960		rview Cem			dabtown,		Ionso	(Stole)
	22		OR'S SIGNATURE		DRESS						
			abaran Ca C				HAR'S	TRAR 60246 REG	Citta	1 2, 76	allA

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 haurs after death. Page 4 new be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.



15M 9/5B



VS A15 (4) ISM 9/S5

V	ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMO	DRE, 1	18

4047 CERTIFICATE OF DEATH

M

Reg. Dist, No. ()3972

I, PLACE OF DEATH a. COUNTY	2, USU A		ed lived. If institutions Residence	before admission)
Wicomico	MARYLAND	MARYLAND	WICOMICO	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH C	OF STAY IN 16 c. CI	Y OR TOWN (If outside corp	orate limits, write RURAL and giv	e nearest town)
RURAL and give nearest town)	405 X	EdeN		
d. NAME OF HOSPITAL (If not in haspital, give street address)	, d S1	REET ADDRESS		e. IS RESIDENCE
OR INSTITUTION RT #2		R4#2		ON A FARM? YES IN NO
3. NAME OF First	Middle	Lost 4. DATE	Month	Day Year
DECEASED	auis S	MIT DEATH		10 1980
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER		//11/		EAR IF UNDER 24 HRS
1 1 1	DIVORCED Sept a	100 - 0	Santa harasha dan da	oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)	INESS OR INDUSTRY 13	IRTHPLACE (State or foreign		EN OF WHAT COUNTRY?
FARMER OWN	er	WARY/AND	<i>U</i> ,	S. A.
13. FATHER'S NAME	14. MC	THER'S MAIDEN NAME	1 1_	
Thomas Smith		AMAN	VOR JONES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INFORMAN	IT .	Address	
(Yes, no or unknown) (If yes, give war or dates of service) 217-36-1	1121 mrs,	Wm Smilh	SAME.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b).	and (c).]		,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY.	· (15:	er sittings		ONSET AND DEATH
4420// DUE TO (
Conditions if any which	11: 4: 0	Bu d 1 25 11	1	
gave rise to immediate Due To	0.07(1)	, , , , , , , , , , , , , , , , , , , ,		
lying cause last.	(di fee			
	TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY
Escapacit Strict.	· - O 0 · · ·	1.1	1en	PERFORMED?
E 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW IN		oture of injury in Part I ar Pa	ort II of item IB)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW IN OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR		JURY (Home, form, 20f. (Ci	ty or town) (Cor	inty] (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUR Haur a. m. p. m. 19 of work of work	10	t, office bldg., etc.)		
	77	956. to /1000	Sava, 19 /os.,that I la	
21. I certify that I attended the deceased from		. 72		
alive on 1905, an	a that death accurr		im the causes and an the Street, city or town, stote)	DATE SIGNED
ACTUAL At Second (4 1/2)	1/1) 0	Alisbury.i	1	3-11-196
SIGNATURE TO STATE CONTROL OF ASSESSED	M.D2	11,5001.9,1	MARYIANO	
PHYSICIAN'S D. Thomas C. HII	11 Jr., P.	ve BLUFF	Rd, Salisbury	1, Mo
	OF CEMETERY OR CREMAT	ORY 22d LOC	ATION (City, town, or county)	(State)
BURIA (Specify) 3-13-1960 Silor	am CemeTer	4 Silo	AM, MARY/AND	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES	5	240. REC'D BY REGIS		
HILL TOHNSON CO. SALIS BU	174, MARY/AI	DATEMAR 1 4 'E	60 Chillian S. FC	race



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

()	2	9	7	177
		-0.0		

1.	PLACE OF DEATH				2. USUAL RE	SIDENCE (Where deci			
	o. COUNTY	Wicomico		MARYLAND	O. STATE	Maryland	b. COUNT	Wicomic	0
	b. CITY OR TOWN I	If outside corporate limits, write BUR	c. LENGTH OF	STAY IN 16	e CITY OF	TOWN (If outside o	orporote limits, write	RURAL and give n	earest town}
	with first and the	"Salisbury				Eden	(Rural)		
,	d. NAME OF HOSPI	TAL OR INSTITUTION (IF no	t in hospital, give street	oddress)	d. STREET	ADDRESS			e. IS RESIDENCE ON A FARM?
4		Pen Gen Ho	spital			R.D.# 2			YES NO
3.	NAME OF DECEASED (Type or print)	BESSIE	E. Mid		IELLING	AN P	MARCH	19th	Year 19 60
5.	Female	1	MARRIED NEVER M		ot.15		9. AGE (In years lost burthday) 57 yrs.	Menths Days	IF UNDER 24 HRS. Hours Min.
10	a. USUAL OCCUPAT	ON (Give kind of work done ing life, even if retired)	106. KIND OF BUSINE					12. CITIZEN O	F WHAT COUNTRY?
		-Manhatten				rincess		US	A
	3. FATHER'S NAME			T-10- MARINE		MAIDEN NAME			
V	Villiam .	J.Stevenson			Mary	AnneTr	ehearn		
1.5 (Y.	S. WAS DECEASED E	VER IN U. S. ARMED FORCES		Y NO. 17 1		R Snel		band)R.	D.# 2
1	No .				Ede	1. Maryl	and	DOUZEL / 114	
		ATH Enter only one cause p	er line for (o), (b), and	(c).]	0	0		INTE	VAL BETWEEN T AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Cardi	محر ا	anes	- X		18	helen
	420	. / DUE TO	0	,	. 0	٠,		10	0.0 /
	Conditions, if		Come	~	celu	ann		10	-elelen-
	gove rise to imme			()				1	
	couse lost.) (c)			·				
CERTIFICATION	Jene	HER SIGNIFICANT CONDITION	ons contributing to	DEATH BUT N	OT RELATED TO	THE TERMINAL DISE	LISE CONDITION GIV		P. WAS AUTOPSY PERFORMED? YES X NO
		INTRIBUTING 🔲	ESCRIBE HOW INJUST	OCCURRED. (E	nter nature of in	Jury in Part I or Part	Is of item 18.		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	4.0	20d. INJURY OCCURR While Not while at work of work	focio	E OF INJURY (I ry, street, office	Home, form, bldg., etc.)	ity or town)	(County)	(Stote)
П	21. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X Inquiry X, and find that								
	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined cause .								
		£ ~	\wedge						
П	SIGNATURE	End L	Van		M.D. CHIEF A	REDICAL EXAMINER			DATE SIGNED
,	EXAMINER'S NAME (Type)	Dr. Earl L.	Royer			NT MEDICAL EXAMINER		March 2	/196
22	o. BURIAL CREMATION REMOVAL (Specify BUT 18)	Nar.22,1			crematory emorial		ation (City, fown, c Sallsbur		(Slote) B nd
23	FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			24a. REC'D BY REG	STRAR 246. REGIS	TRAR'S SIGNATUR	E
I	YAWOLLOH	& COMPANY	SALISBUR	Y MARY	LAND	DATEMAR 2 4 16	30 17 :	In & House	

VS. A15ME(5) 5M 9/55

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VR A15 (4) 15M 9/59

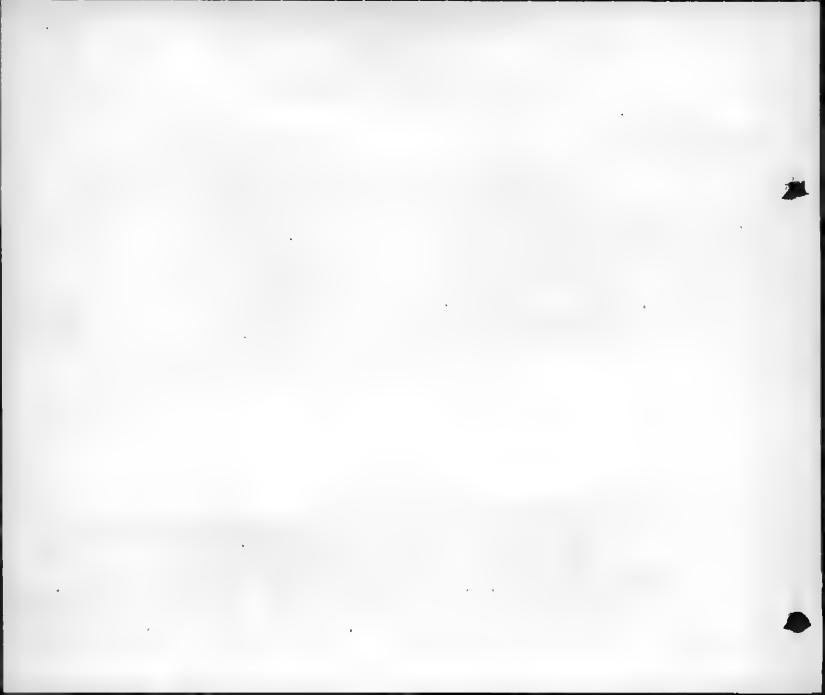
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

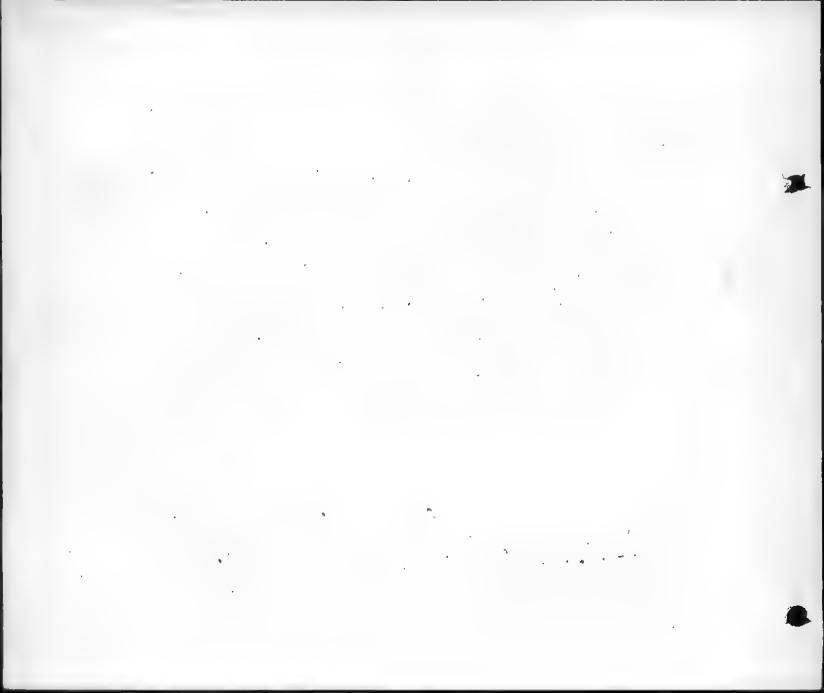
4025	CERTIFICATE OF DEATH				
PLACE OF DEATH	2. USUAL RESIDENCE (WH				

03974

S. SEX 6. COLOR OR RACE 7 MARRIED 12 NEVER MARRIED 2/22/09 2/22/09 51 yrs. 15 UNDER 1 YES.									
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SHead State Hospital. 3 NAME OF DECEASED (Type or print) Lillian Viola Spencer Spencer OF THE March Spencer OF AGE (In years 191 birthday) Spencer OF AGE (In years	nearest town)								
S. SEX 6. COLOR OR RACE 7 MARRIED 12 12 12 13 14 15 15 15 15 15 15 15	e IS RESIDENCE ON A FARM2 YES NO P								
Female Colored WIDOWED DIVORCED 2/22/09 51 birthday) Months Doys 100 USUAL OCCUPATION (Give kind of work done during most of warking life, even if refired) HOUSEWORK TOUSEWORK Maryland USA 13. FATHER'S NAME Clarence Dorsey Ada Brooks 15. WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO. UNKs. If yes, give wor or dollar of serves. 218-20-7817 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Hypertensive cardiovascular disease Conditions, if ony, which gave rise to immediate couse (o), stoling the under lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o)	Day Year 22 19 60								
during most of warking life, even if retired) Housework 13. FATHER'S NAME Clarence Dorsey 14. Mother's Malden Name Ada Brooks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Deer's Head Hospitafforecords [If yes, give wor or color of terrices] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (c) IMMEDIATE CAUSE (c) Arteriolar nephrosclerosis Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost. OPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1 (c).	AR IF UNDER 24 HRS s Hours Min								
Clarence Dorsey Ada Brooks 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Deer's Head Hospitaffecords Var. no or unknown If yes, give wor or color of services 18. 20-7817 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. Hypertensive cardiovascular disease	OF WHAT COUNTRY?								
15. WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Deer's Head Hospitaffecords If yes, give wor or color of services 18 - 20 - 7817 IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (a) Hypertensive cardiovascular disease Hypertensive cardiovascular disease Hypertensive cardiovascular disease									
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Hypertensive cardiovascular disease Hypertensive cardiovascular disease Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. Due to Arteriosclerosis, general (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)	3								
Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. Conditions, if ony, which (b) Arteriolar nephrosclerosis (b) Arteriolar nephrosclerosis Arteriolar nephrosclerosis (c) Arteriolar nephrosclerosis (b) Arteriolar nephrosclerosis (c) Part II. Other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)	INTERVAL BETWEEN ONSET AND DEATH 2 years								
couse (o), stoting the under Control Arteriosclerosis, general Variable of the significant conditions contributing to death but not related to the terminal disease condition given in Part 1(o)	Conditions, if ony, which) Arteriolar nephrosclerosis								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o	?								
Myxedema 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF FITHER, NOTIFY MEDICAL EXAMINER!	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? MYXEDEMA								
200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o, m. Hour o, m. 19 At work at work at work 19 A	ty) (Stote)								
21 I certify that (I) (this haspital) attended the deceased from. Jan. 26, 1960, to March 22, 1960, saw the deceased alive an March 21, 1960, and that death occurred at									
22c PHYSICIAN'S NAME (Type) V. Juerman, M. D. 22d ADDRESS Deer's Head Hospital; Salisbur	y, Md.								
	leman's)								
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chestertown, Md. DATE 256. REGISTRAR'S SIGNATURE	FURE								



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



-	CERTIFICATE OF DEATH Reg.	Dist. No. (3976
	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution: Residence of the county) COUNTY MARYLAND	- /-
	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give nearest town)
	RURAL and give nearest town) Paracess Anne	19 .
Ī	d. NAME OF HOSPITAL (If not in Nospitol, give street oddress) d. STREET ADDRESS d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
	Chinsula Meneral Rock #1	YES NO
3	NAME OF DECEASED Month	Day Year
-	(Type or print) MILTON WISDN STEWATT DEATH Marcia SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8, DATE, OF BIRTH 9. AGE (in years FUN)	2 2 1960 DER 1 YEAR IF UNDER 24 HR
	Molte Wild to WIDOWED DIVORCED 126 7 193/ last birthday) Month	· · · · · · · · · · · · · · · · · · ·
í	On USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY
	Juring most of working life, even if retired) JPC77762	V 1.
1	3 FATHER'S NAME	
	Thomas Stewart Mary Morray	
- 7	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT	109900 11/1
	The Carrie of Death Is	101 1107, 1114
-1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	DUE TO	a land
	Conditions, if any, which) the phroseleroses	6 monto
	gave rise to immediate cause (a), stating the under.	
1	lying couse last. (c)	1
	Part II other Significant conditions contributing to duting but not related to the terminal disease condition given in the second disease given	PERFORMED?
	20a. ACCIDENT NEW UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBOTING CAUSE OF DEATH	YES NO
	200. ACCIDENT AND UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBOTION DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) If EITHER, WOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED Hour a. m. 20d, INJURY OCCURRED While Not while of work of w	(County) (State
	Hour a. m. While Not while of work of work	
	21. I certify that that the deceased from Oct. 1954 to March 22 196 (that I	last saw the decease
	alive an all well 21, 19 10 and that death accurred at 12 AM, from the causes and an	
	ACTUAL ADDRESS (Street, city or rown, state)	DATE SIGNI
7 [SIGNATURE Aund J Felwore M.D. Salesbuty Hell,	0/22/0
	PHYSICIAN'S \ NAME (Type)	
1	29 BURIA. CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or coun	ly) (Stole)/
. ~ 2	007:31 3/17/60 173 DUYU 1/1/t 12.7 no	n 1/1.
3	B FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
L	Then Administr , it refer of sine / hopateMAR 28'60	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



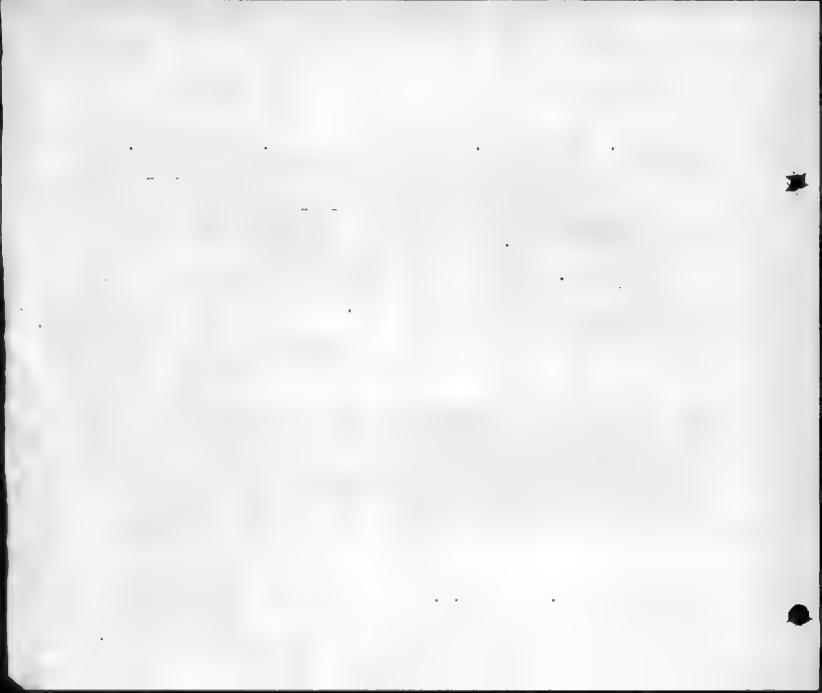
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MARYLAND S	TATE DEPARTME	NT OF HEALTH—BALTIMORE, 18
1028 MEDICA	L EXAMINER'S	CERTIFICATE OF DEATH
Viconico	MARYLAND	2. USUAL RESIDENCE (Where deceased fixed. If institutions o. STATE b. COUNTY
pit outside corporate limits, write RURAL	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR 12 Salisbury

03977 Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased tived. If institution, Residence before admission)						
Wi comico MARYLAND				o. STATE Maryland b. COUNTY Wicomico							
b. CITY OR TOWN III outside corporate limits, write RURAL c LENGTH OF STAY IN 16 and give nearest seen)						c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)					
L	Salisbury					- DOT 100 AND 100	sbury				
١ '				oital, give street address)	d. STI	EET ADDRESS					e, IS RES DENCE ON A PARM?
		Pinehurs	st St			504 8	3. Pi	nehur	st St.		YES NO
	NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF DEATH		Month	Day	Year
_	(Type or print)	Albe		Lee Tru			DEATH		<u>-31-60</u>		19
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED				9. AGE (In your loss birthday	Months		Hours Min.
	M	W	WIDOWED	DIVORCED	7-	28-99			60 "	Days	Nours Akin,
10c	. USUAL OCCUPATIO	N (Give kind of work	done 10b. Kl	IND OF BUSINESS OR INDUST	RY 11. BIR	THPLACE (Stote	ar foreign	country)	12. CI	FIZEN O	WHAT COUNTRY?
		Sales Re	ep T:	ransportation	on 1	larylar	nd		U	S	A
13.	FATHER'S NAME			*		ER'S MAIDEN	NAME				
	Jose	ph C. Tr	uitt			Ma:	reare	t Cal	loway		
	WAS DECEASED EYE	R IN U. S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17. I	NFORMAN				dress		
{Ye	n, no, or unknown) (If yes, give war or dates of	service)	М	rs.	rene	Grave	nor T	ruitt.	Sa	lisbury,
=		H Enter only one cau	ne per line f			2 173.107	0 a 0 v 0	1102 4	2 0221 0 0		VAL BETWEEN
	PART I. DEATH	WAS CAUSED BY:		Coronar	T OC	clusio	n				udden
	1/20	MMEDIATE CAUSE (a)		OOI OHAT	y 000	TABTO.	£ 2				uuuoii
	Tao.	DUE TO									
	Conditions, if an gove rise to immedi	gle couse	<u> </u>							-	
(a), stating the underlying DUETO											
-	couse lost.) (c))	LITE OUT IN C. TO DO LITE OUT				- Co. (0) VIO.			
ģ	PART II, OTHI	K SIGNIFICANI CON	DITIONS CO	NTR BUTING TO DEATH BUT I	NOT KELATE	D TO THE TERM	IINALDISCAS	E CONDITIO	N GIVEN IN PAI		PERFORMED?
<u>ર્</u>											res 🔲 NO 🔼
CERTIFICATION	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (inter nature	of injury in Par	rt i ar Part II	l of item 18.)			
3	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. II			IRY (Home, farr		y or town)	{Cc	ounty)	(Stote)
MEDICAL	Hour a.m.	19	While	Not while fact	ory, street,	office bldg., etc	}				
2				emains described abo	ve held	an Auton	· · ·	nspection	- Inqui		and find that
	1			No.	_		-				, and the the
	gearn resulted	framy Natural	conser =	j, Accident ∐, Sui	cide [,	Homicide	e [], U	ndetermin	ea cause [١.	
	ACTUAL /	& O	0	/	et a	MER - ADD-1-11		,			DATE SIGNED
	SIGNATURE	and -	1 drust	<i></i>		IEF MEDICAL E					
	EXAMINER'S	arl L. R	oyer,	M.D.		SISTANT MEDIC PUTY MEDICAL	71.0	. —	4-2-6	0	
27	NAME (Type)			22c. NAME OF CEMETERY OR					gwn, or county)	9	(State)
220	REMOVAL (Specify)			_			220. 100				(Stote)
22	Runial FUNERAL DIRECTOR'S	SIGNATURE 1 3		Finemans ADDRESS	0 - 2.2.3	True neces	D BY REGIS	Sharp	TOWN REGISTRAR'S SI	Md	SE
23.	FONERAL DIRECTOR'S	Smith Fr	unera	1 Home Shar	nt o	240. REC	D BT REGIS	60 Z48.	CI-Thun &	4 4	
	***			Dilai.	FOOM	L NEATE A	' C Ku	00	M. Marie M.	, 90,000	-

VS. A15ME(5) 5M 9/55

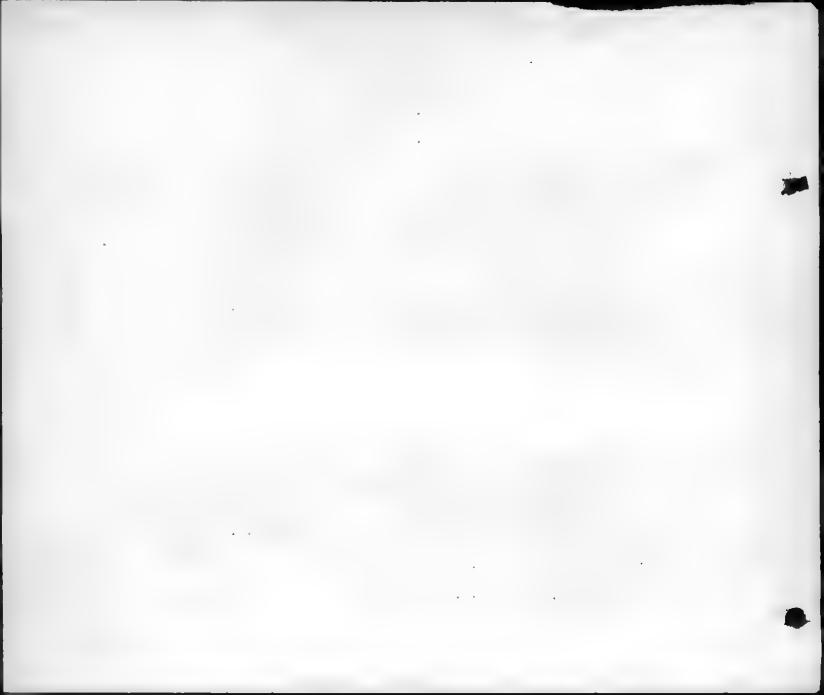


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03978

1	PLACE OF DEATH o COUNTY	***********		MARYI	- 1	2 USUAL RESIDENCE (W	Where decease	d lived. If instituti b. COUNTY	on. Residence יים מים		mission) Y	
	b CITY OR TOWN (f autside carporate limits	, write	c. LENGTH OF STAY I	IN 1b	c CITY OR TOWN (If	autside corp	orate limits, write R	URAL and gry	JRAL and give nearest town)		
	RURAL and give ni	al Shilin		l vr.		T-1	ghman	Inland	1	ny	7	
-	d. NAME OF HOSPIT	AL (If not in hospital, given	ve street	<u> </u>	i	d. STREET ADDRESS					RESIDENCE	
	OR INSTITUTION	Tannin Tra	a St	ate Hos it	3		_				N A FARM?	
3.	NAME OF	First		Middle		Last	4. DATE	Mon	th	Day	Year	
	(Type or print)	asul,			-	Tyler	OF DEATH			7.3	19 🗥	
S	sex Female	6 COLOR OR RACE	7 MARR	RED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS	
	Maritan	Thite	WIDOWE	ED DIVORCE		June 15,	1940	32 yrs.	Months D	Doys Hau	irs Min	
10	JSUAL OCCUPATION	ON (Give kind af work de	ane 10b.	KIND OF BUSINESS OF	R INDUST	RY 11. BIRTHPLACE (Stot	e ar foreign	country)	12 CITIZE	N OF WHA	AT COUNTRY?	
		king life, even if retired)		None		Sarv	land			2 0	5 4.3.0	
13.	FATHER'S NAME		- 1 -			14 MOTHER'S MAIDEN						
	,	ouis Cummin	10'5			~ ~ ~	a' "a/	is				
	WAS DECEASED EVE	R IN U. S ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17, INF	ORMANT		Add	ress			
[A	es, no, or unknown)	(If yes, give won or dates of ser	(#DIVI			* 33. : ha	7 600	-1: Sa	alisbur	rv. Ma	arlanl	
-	IR CAUSE OF DEA	LTH (Enter only one cau	en per lie	ne for (a) (b) and (c)]					A SECULATION OF A		BETWEEN	
		TH WAS CAUSED BY.				กลาแดกว่า					DEATH	
	11 71	IMMEDIATE CAUSE (a)		21.0.7	10	Hermarit 4				2.2.	1455	
	7	DUE TO		0 27	1.5							
	Conditions, if a	mmediate		Seni	עט רו			<u> </u>				
	cause (a), stating the under-											
-	lying cause lost.) (c)	174721 10 4		911 0 492 .		ALLE LA MARGA		(This is a DART	14 , 100 344	A.C. ALLITORCY	
FICATION	PART II. OTI		omons <u>c</u>	CONTRIBUTING TO DEA	TIH BUI N	NOT RELATED TO THE TER!	MINAL DISEA	SE CONDITION GI	TEN IN PARI	PEI	RFORMED?	
CERT	OR CONTRIBUTING	AS UNDERLYING [] : CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in	n Part I ar Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year			20e. PLAC	CE OF INJURY (Hame, fai ary, street, affice bldg, e	rm, 20f. (Cit	y or tawn)	(Co	ounty)	(State	
MED	Hour a.m.	19	While at war	Nat while	racio	ary, street, office blog, e	ic.j					
-		ıt (l) (this haspital)	<u>, </u>		fram.	7/15/55 1	2 , ta_	2/13/	10	that I	I) (we) las	
	1 '^	in (i) (iiiis naspilai)	, duello	10 Consequent	arqilli. Ababata							
	saw the decea	sed dilye dil		/ and	inai de	eath occurred at 7:	wi, tran	ine couses or	io on the	oure stat	22b.DATE	
	-601	I Lal	15	U	, A.4	D. ATTENDING D. PHYS.	MED DIRECTOR	STAFF PHYS			SIGNEE	
	22c PPYSICIAN S	V 1) CM	/ / -	/	IVI	22d ADDRESS	D-KECTOK L	1113				
	NAME (Type)	Top T Tar	rrecr	Ar n		(*	~ ~ 7	ing lity	1			
20	DI O AL COLLAR			Tee Name of the	TERV CO	COENTRORY	P24 .00				C	
43	REMOVAL (Specify	236. DATE THEREOI	11.11	23c NAME OF CEME	,		238 100	ATION (City, town,	(, >	, , , ,	State)	
24	ELINIEDAL DIDECTOR	E SIGNIATURE	1460	ADDRESS	, '4 (₂₂		/ 20	TRAB OCH PEG	STRAR'S SIGN	NATIBE	1	
24	FUNERAL DIRECTOR	5 SIGNATURE	2. 5	/ /	4	5	MAR 1 6		Irthur S.	Trace		
	1/ 1.1.	1-12-64	10	£ 41 L	r 1	DATE			20.	, resembles		

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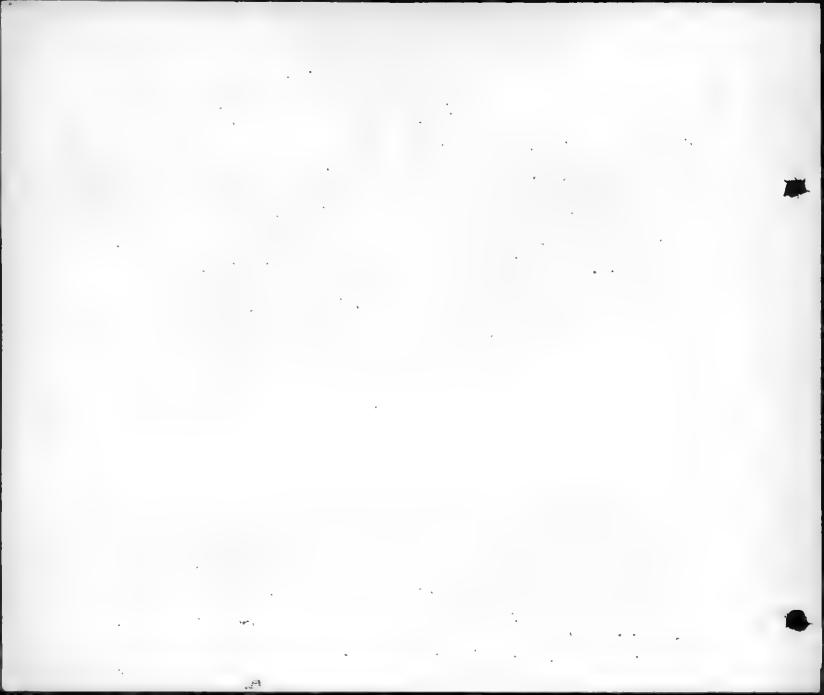


V5 A15 (4) 15M 9/58

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03979

		4030 CERTIFICATE OF	DEATH	Reg. Dist. No.
)		O. STATE	TOWN, Illy outside corporale jur	If institution. Residence befare admission) COUNTY If COTO / CONITS its, write RURAL and give nearest tawn) e. IS RESTDENCE ON A FARM? YES DINO
	S. 1	Color or race 7. Married Never Married 8. Date of Bir	26/90 8	Month Day Year A R C H 2 5 19 6 C E (In years birthday) Months Days Haurs Min 12. CUTTEN OF WHAT COUNTRY
	1S. Ye	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Vertherular Failur Conditions, if ony which gove rise to immediate DUE TO Outline ular A definition	Valont Tailure (c	Address In e Interval Between onset and Death
** }	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of injury in Part I or Port II of i	PERFORMED? YES NO Term 18.)
	٧	21. I certify that I ottended the deceased from March 17, 1960	ADDRESS (Street, ci	ouses and on the date stated above the part of the state
,	j	BURIAL, CREMATION, 226 DATE THEREOF 22C, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 3 1 9 6 8 1 V2 Ve, C2 m EMPIGRAL ORROTOR'S SIGNATURE ADDRESS LOSSIL, BIVA (18)	240. REC'D BY REGISTRAR DATE MAR 3 1 '60	24b. REGISTRAR'S SIGNATURE Chilling S. Hand



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY a. STATE Wicomico Maryland **b.** COUNTY MARYLAND Wicomice b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TRUFST Prorest town Salisbury Salisbury (Rural) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO OR INSTITUTION 3(Delmar R.D.# Rd (Delmar Rd) NAME OF Middle 4. DATE Day Year DECEASED HIRAM MARCH WATSON 19 60 7th (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH lost birthdoy) White Male 1880 WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY Retired Poultry Grower-Chickens Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Minos Burton Watson Elizabeth Betts 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT A. Watson (Wife) R. D.# lisbury, Maryland Unk 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) MORK **DUE TO** Conditions, if any, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while at wark at work p. m 21. I certify that I attended the deceased from that last saw the deceased and that death accurred at M, fram the causes and an the date stated abave. ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL SIGNATURE 960 PHYSICIAN'S Dr.L.V.Sohler Delmar, Maryland NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Mar.9.1960 Parsons Cemetery Salisbury, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

SALISBURY MARYLAND

DAMAR 1 0 '60

HOLLOWAY & COMPANY

detach

DIRECTOR:

FUNERAL DIR

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CERTIFICATE OF USINITH (b) w/=lea// w.C. 6 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4031 CERTIFICATE OF DEATH 4031

03981 Reg. Dist. No.

	1. PLACE OF DEATH C. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY w// Com/CO
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
2	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Per INSULA A Llengeral	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) GEOYGE First	Last 4. DATE Month Day Year OF DEATH MARCH 16 1960
	s. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF WITH 1879 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (log) birthday) yrs. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. EATHER'S NAME	Hathersmalden NAME
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	ormani Weisel White Haven Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under: lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Part II of item 1B.)
		CE OF INJURY (Home, form, 20f. (City or town) (County) (State) cry, street, affice bldg., etc.)
	21. I certify that I attended the deceased from alive an 3-10, 1900, and that death of actual signature (6) eller 52. Godes & M. PHYSICIAN'S NAME (Type)	Decourred at 3 M. M. fram the causes and an the date stated above. ADDRESS (Street, city ar town, state) DATE SIGNED 3-16-60
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22C NAME OF CEMETERY OR PEMOVAL (Specify) 3/8/9/10/2/1/2 ADDRESS ADDRESS	Com. Bludive Mt.
	Cer Messish, BIVATUR, My	249 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

